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ABSTRACT

While the family has traditionally been the preferable alternative to nursing home care for the aged, recent research indicates that some elderly persons are subjected to neglect or abuse by their families. To investigate this problem, elderly abuse victims in Detroit completed questionnaires and interviews; their families and social service and health agencies were also interviewed. The abuser tended to be the child of the victim in about half the cases with sons and daughters equally responsible. Other abusers included spouses, roomers, landlords, siblings and grandchildren. Victims tended to be from multi-problem families. Agency problems included difficulty in identifying victims and a reluctance to intervene. The findings suggest a need to establish care standards to improve referrals and services. Case studies are included to illustrate the problem of abuse. (Author/JAC)

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IDENTIFYING AND CHARACTERIZING ELDER ABUSE

FINAL REPORT

SUBMITTED TO

NRTA-AARP ANDRUS FOUNDATION

BY

MARY C. SENGSTOCK, PH.D.

AND

JERSEY LIANG, PH.D.

INSTITUTE OF GERONTOLOGY

WAYNE STATE UNIVERSITY

DETROIT, MICHIGAN 48202

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Abstract

"Identifying and Characterizing Elder Abuse"

by

Mary C. Sengstock
Jersey Liang
Wayne State University

During the calendar year 1981, the Institute of Gerontology of Wayne State University, under a grant from the NRTA/AARP Andrus Foundation, conducted a study of elderly victims of domestic abuse in the Detroit, Metropolitan Area. Data were collected through questionnaires and interviews of area social service and health agencies; agency case reports on specific cases of elder abuse; interviews of victims and their families; and control group interviews.

Specific case data were reported on a total of 77 cases of elder abuse; this is a greater number of cases than reported in most studies to date. Interviews were conducted with 20 of these victims, the first victims of elder abuse to be interviewed in any study.

Five types of abuse were involved in the cases studied, and many cases involved multiple types of abuse. Direct physical abuse was a problem in 15 (20%) of the cases. Physical neglect was involved in 18 (23%) of the cases. Financial abuse was suffered by 42 elders (55%). Psychological neglect was suffered by 18 elders (23%). The largest number, 45 (58%), suffered psychological abuse; this is primarily because this type of abuse often accompanies other forms of abuse as well.

The abuser was the child of the victim in about half of the cases, with sons and daughters being almost equally likely to be responsible. Sons were more likely to be involved in direct abuse and in physical assaults, however.

Daughters more typically engaged in psychological assault and in more indirect forms of neglect. While children are the largest single category of abusers, half of the abuse was inflicted by other persons, including spouses, grandchildren, siblings, roomers, and landlords.

It was noted in the victim interviews that the victims tended to be from multi-problem families: families which had suffered a great many difficulties in the past year, with some victims reporting as many as 20 problems of various types and degrees of seriousness. It is clear, as other authorities have indicated, that services must be provided to the abuser and family, as well as to the aged victim, if elder abuse problems are to be alleviated (Block and Sinnott, 1979; Douglass, et al, 1980).

Interviews with agencies revealed, however, that the agencies themselves had a great deal of difficulty in identifying and providing services to aged victims of domestic abuse. The first problem encountered is the identification of victims. Most agencies reported that they identified these cases primarily by means of the self-report of the victim. However, since victims are often reluctant to report abuse by a loved relative, it is probable that a large number of elder abuse victims are missed.

It was noted that agencies were more likely to identify cases of abuse which presented symptoms which they were accustomed to observing. Thus health agencies were more likely to observe physical abuse; legal agencies observed most of the financial abuse; senior service agencies were more likely to identify neglect cases. Another problem in the identification of abuse was the fact that many symptoms of abuse can easily be mistaken for symptoms of normal aging. Hence abuse can be masked by the aging process and considerable alertness is required for the agency worker to identify the aged person as a victim of abuse.

Finally, it was found that many agencies, and many workers in the same agency were reluctant to intervene in suspected cases of elder abuse. Likelihood of identification and quality of service were highly dependent upon the interest, concern, and level of knowledge of the specific worker assigned to the case. As a result, the quality of service provided to aged abuse victims is highly uneven. This makes it extremely difficult for concerned workers to make effective referrals, since the quality of service provided in the referral agency may vary greatly from day to day and worker to worker.

Recommendations include: development of a clearer method for identification of victims which is less dependent upon the professional background of the observer; and establishment of components and standards for care, such that services may be more identifiable and referrals more certain.

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We especially appreciate the assistance of Mr. Robert Graham, Assistant Director of the Institute of Gerontology at Wayne State University. Mr. Graham provided us with entre into many of the agencies in the area with which he has developed a close working relationship. We also appreciate his insights into the problems of abused elders. His perceptions altered our thinking on the data at several points.

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Mary C. Sengstock

Jersey Liang

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Section I.

BACKGROUND OF STUDY

Chapter 1

REVIEW OF LITERATURE

Strong preference is expressed on the part of many elders, and of their families as well, to maintain the care of aged persons in their own homes or the homes of relatives for as long as possible (Lau and Kosberg, 1979). This preference is based, in large part, upon the assumption that "the family is seen as a center of solidarity and love" (Steinmetz and Straus, 1974b), and is believed to be a preferable alternative to the formalized care obtained in nursing homes or homes for the aged. This assumption concerning the type of care which exists in the family setting has been called into question in recent years, however, as research has indicated that some elderly persons are subjected to neglect or outright abuse by the members of the family who are responsible for their care (Block and Sinnott, 1979; Lau and Kosberg, 1979).

This awareness of the wrongful treatment of the aged by their families is only part of a larger recognition of what Steinmetz and Straus (1974b: 7) call "the myth of family consensus and harmony". Families are presumed to be loving and harmonious. Family members are supposed to be kind, loving, and helpful to one another. That this is not necessarily the case is illustrated by a number of studies which indicate that a substantial amount of aggression and violence is present in the American family.

Estimates of the Frequency of Abuse in the Family

Statistics have indicated that intra-familial or intra-household attacks

constitute a substantial proportion of homicide and assault statistics (Police Foundation, 1977: iii). For example, Wolfgang (1958: 207) found that 24.7% of homicide victims in Philadelphia were related to their killers. In another 9.8% they were lovers. Since there is a good social-psychological reason for viewing lovers as having developed a quasi-marital relationship, these two figures might be combined, indicating that a full one-third of homicides involve persons who have a familial tie to each other. This is similar to the 31% of homicides in Atlanta which were found to involve domestic quarrels (Gelles, 1974a: 21).

Wolgang's data have been confirmed elsewhere. Studying homicides in Detroit, Boudouris (1970:88) found that:

> Since 1942, the largest proportion of all homicides...has consistently been those in the "domestic relations" category (except for the year of the riot); the proportion of "domestic relations" homicides... ranges from 17.3% to 33.3%.

In his study, "lovers" were a separate category. Had they been included in domestic relations the figures would go even higher.

With regard to aggravated assault, which is a physical attack not resulting in death, family members are also heavily involved. Pittman and Handy (1964:467) found that 11% of the aggravated assaults in St. Louis involved husbands and wives. Considering the fact that people may be less likely to report assaults, whereas homicides are undeniable, this statistic probably represents a gross underestimation of the actual number of intrafamilial assaults. Boudouris (1970:88) calculated that 52.3% of the assaults in Detroit in 1968 were domestic assaults. And Gelles (1974a:22) estimates that domestic assaults probably constitute from 20 to 25% of all assaults. While the phenomenon of underreporting makes it difficult to obtain statistics on intra-familial assault,

some clue as to its prevalence can be obtained from studies of couples being divorced. O'Brien (1971: 694) found that one sixth of couples interviewed spontaneously mentioned violence as a factor, while Levinger (1966) found that 20% of middle class and 40% of working class divorce cases involved violence.

It is small wonder that Gelles (1974a: 21), noting these statistics, calls them "the tip of the iceberg". In his own study, Gelles (1974a:50) found that even among families selected because they had no record of marital difficulty, 37% reported at least one incidence of violence, and 12% had regular occurrences of violence.

With regard to child abuse, the killing of children by their parents represents a much smaller category than inter-spousal homicide; studies suggest that physical assaults by parents against their children are much more frequent. Stark and McEvoy (1970) report that over 90% of parents spank their children. Gelles (1974a:22), in reviewing studies of more serious child abuse, notes that conservative estimates place the number of beaten children at about 6,000 per year (Gil, 1971:639). At the other extreme, some authorities place the number at one quarter million (Hennessey, 1979) to one half million (Light, 1974). Child abuse is the form of domestic violence which has received the greatest amount of societal attention to date. Studies have generally found that mothers are more likely to strike their children than fathers (Gelles, 1974a: 55, 1974b; Gil, 1971: 641; Resnick 1969: 327; Steele and Pollock 1968: 107; Zalba 1971).

Until recently, the area of abuse of the elderly had been largely neglected by those concerned with the field of gerontology (Davidson in Block and Sinnott, 1979; Lau and Kosberg, 1979). Thus far, most gerontological studies of victimization have focused their attention on the areas of personal and property

crimes. However, the few studies which have been done on this area have shown that approximately 11% of the population may be vulnerable to elder abuse (Steinmetz, 1981) and that abuse is an actual problem for at least 4% of the elderly population (Block and Sinnott, 1979). Thus its actual prevalence and significance as a problem are beginning to be raised.

However, it is necessary to note that the major studies on elder abuse (Lau and Kosberg, 1979: Block and Sinnott, 1979) are limited in at least two respects. For some, their sample sizes are too small to establish any significant generalizations concerning the characteristics and extent of this problem (Lau and Kosberg, N=39; Block and Sinnott, N=26). Further, while data which have been gathered for some studies have been case related (Lau and Kosberg, 1979; Block and Sinnott, 1979; Krasnow and Fleshner, 1979), these studies have not conducted interviews with victims. Rather, they have been based on victims' case records or on the recollections of case workers concerning the case. Further, one major study (Douglass, et al., 1980) does not examine case related data. Rather, their study focused on the characteristics of elder abuse based on service providers' general impressions of the problem. Hence, it is possible that the information contained within such studies may not be totally objective concerning the nature and extent of this problem.

As a result of these limitations, accurate reports of the frequency of elder abuse are not available. The frequency can only be estimated from existing data. In Wolfgang's famous analysis of homicides in Philadelphia (1958: 212), he notes that 4% of the cases of homicides involving relatives were parents killed by their children. Wolfgang (1958:65) also found that 20% of homicide victims were over fifty years of age, while only 9% of offenders were in this age group, suggesting that in this most extreme form of attack, elders are victimized by persons younger than themselves. In

most cases, the attacker was much younger, for Wolfgang (1958:211) also found that where there was a difference of twenty-five years or more in the ages of the offender and victim, threefourths of the time the victim was the elder.

Homicide, of course, represents only the most extreme aspect of the problem. Less extreme types of abuse are certainly much more common. While available data are highly tentative, estimates of the amount of elder abuse may be obtained from some recent studies. Lau and Kosberg (1979) found 39 cases of abuse among 484 elderly in their sample, a rate of 80.58 per 1000. Since their sample was designed to uncover abuse known to professionals, this rate is probably somewhat high. Block and Sinnott (1979) had several samples, including a representative sample of 443 elderly; in this sample they discovered 3 cases, a rate of 6.772 per 1000. This rate must be interpreted in light of the fact that the annual rate for usual personal crimes against the elderly (assaults or robbery, for example) is 12.44 per 1000 (Liang and Sengstock, 1980: 23). Clearly, the threat of abuse in the home is nearly as serious a threat as is that of the personal crime which elders fear so much. Some suggest it may be more serious since these are crimes which the victim cannot escape (Gelles, 1973:93).

Characteristics of Elder Abuse

Studies which have been conducted on the problem of abuse and the elderly have delineated five major types of abuse: physical; psychological; material; neglect; and violation of rights.

Physical abuse is defined as the infliction of physical harm against an elderly person (Block and Sinott, 1979; Lau and Kosberg, 1979). Such acts would include direct beatings, and threats or harm with a weapon or other object. Physical neglect includes the refusal to assist the elder with needed personal

care or to provide the victim with access to necessary food and medical treatment. Material abuse includes theft or misuse of the elder's money or property without the elder's consent. An example would be selling the elder's house without permission. Psychological abuse encompasses such acts as verbal threats and insults, and infantilization (Douglass et al., 1980). Violation of rights includes acts such as forcing a person to move into a nursing home against his will, prohibiting him from marrying, or preventing free use of the elder's own money (Krasnow and Fleshner, 1979). It has been reported that most victims suffered from more than one form of abuse (Lau and Kosberg, 1979).

Of the above categories, some have found psychological abuse to be most prevalent (Block and Sinnott, 1979; Douglass, et al., 1980), while others have noted that physical abuse was the most common form of abuse (Lau and Kosberg, 1979). As has been noted elsewhere (Douglass, et al., 1980; Sengstock and Barrett, 1981) agencies tend to identify forms of abuse which most closely correspond to the forms of problems and treatment which they offer. Thus Block and Sinnott's (1979) finding might reflect the fact that most professionals reporting cases of abuse were social workers, professionals concerned primarily with the psychological status of clients. At the same time, Lau and Kosberg's (1979) sample of abused elders was derived from case records of persons were seen at a chronic disease center for a medical malady. Consequently, this might account for the strong tendency toward physical abuse in the cases which were identified by their research.

Studies thus far have indicated that those who abuse the elderly are most often family members (Lau and Kosberg, 1979; Block and Sinnott, 1979). More

specifically, both studies found that females were the most frequent offenders. According to Block and Sinnott (1979), most abusers acted because of psychological (58%) rather than economic (31%) or unknown reasons. They also found most abusers to be white (88%), middle class (65%) and middle-aged (53%). This pattern contrasts with child and spouse abuse, as both have been characterized as phenomena which are more common among the lower classes (Blumberg, 1964:40; Gil, 1971:645; Steinmetz and Straus 1974b:7-8; Levinger, 1966). This differential has been explained in several ways, including recognition of the fact that middle class parents may be more capable of disguising as "accidental" the injuries they have inflicted upon their children (Gil, 1974:207). Thus much middle class violence may go unreported.

Previous studies of elder abuse suggest that most victims are women and white. The majority of victims lived with family members, and suffered from some type of physical impairment (Block and Sinnott, 1979; Lau and Kosberg, 1979). Lau and Kosberg found that of the 39 victims in their sample, 41% also suffered from confusion or senility, while Block and Sinnott (1979) reported that 62% of their sample (N=26) presented symptoms of mental impairment. Economically, Block and Sinott found that victims were evenly divided between the lower and middle classes (1979).

The literature concerned with domestic violence suggests that the dynamics of the problem cannot be simply described, nor can the problem be easily solved. As has been pointed out with child abuse (Justice and Justice, 1976:56), the causes may be located in three sources: the abusive individual; the victim; and the social situation with surrounds them both.

The Abusive Individual

There are three major models suggested to explain why people abuse those

near to them. These are: the psychopathological model, the learning model, and the situational stress model.

The psychopathological model is probably the most frequently proposed reason for domestic abuse. In the opinion of professionals dealing with abused elders, most of them are in close proximity to a person suffering from a psychopathological problem (Douglass, et al., 1980; Hickey, 1979; Lau and Kosberg, 1979). This psychopathological explanation for elderly abuse is similar to the views of several of the earliest studies of child or spouse abuse. For the most part, these were done by psychiatrists and clinical psychologists and tended to associate domestic violence with psychopathological conditions on the part of the violent parent or spouse. As Gelles (1974b: 191) says, "Articles on child abuse almost invariably open by asserting that a parent who would inflict serious abuse on a child is in some manner sick." (Cf. also Coles, 1964; Bennie and Sclare, 1969; Wasserman, 1967.) Similarly, several studies of assaultive husbands see them as psychologically disturbed men whose violent behavior stems from their psychological abnormality (Shainess, 1977: 111; Faulk, 1977: 119). Thus it is tempting to provide an equally simple explanation for elder abuse: whoever would inflict violence on a frail aged person must also be psychologically sick. What is posited is a developmental dysfunction of the part of the abusive individual, rendering this person incapable of maintaining or developing a close, interpersonal relationship with another individual (Lau and Kosberg, 1979). Often this is seen as the result of the abusive person having himself been abused as a child. Thus Douglass, et al., (1980: 24-25) point out that children who have been abused may grow into adults who batter their own parents.

The validity of the psychopathological approach to deviance has come under

severe criticism in recent years (Hartung, 1966: 173-175; Szasz, 1960). Gelles (1974b: 194), in applying these criticisms to the psychological theory of child abuse, points out that psychopathological theories are inadequate as explanations for the phenomenon. They assume that physical abuse of a person in childhood produces psychic abnormalities, which result in the person now grown into adulthood, abusing his/her own child.

Recognition of this difficulty has led to the development of the learning model. Taking this approach, Gelles (1974b: 199) says that intergenerational perpetuation of abuse may not result from psychic malady, but rather from the fact that an abusive parent is the only role model which the individual has. It is suggested that this is true of spouse abuse (Straus, 1977: 194-195) and elder abuse (Douglass, et al., 1980; Lau and Kosberg, 1979), as well as child abuse. So-called "normative" violence could occur in situations in which an elder is interfering in the activities of the family or is difficult to care for. The son or daughter, recalling their parents' physical means of forcing behaviors in their childhood, considers it appropriate to do the same now. Such a person might say: "I had to make Mother stay home. It was for her own good."

In addition, it has been hypothesized that abuse of an elderly person by a child may be a form of retaliation toward the parent for the suffering which he once endured from the abuse that the elder once inflicted against him as a child (Steuer and Austin, 1980; Douglass, et al, 1980). In addition, Steuer and Austin (1980) note that this type of reaction might extend to both siblings and spouses of victims; in each instance, an individual who had been previously abused by the elderly person might abuse the elder once he is too weak to defend himself.

A third model for explaining the abuser's behavior is the situational stress approach. This model recognizes that situational factors such as poverty, isolation, or lack of support from other family members may cause people to abuse members of their families, including the aged for whom they provide care. As noted earlier, it has consistently been found that child and spouse abuse occur more frequently, though not exclusively, in lower class groups (Blumbert, 1964: 40; Gil, 1971: 645; Steinmetz and Straus, 1974b: 7-8; Levinger, 1966).

A primary proponent of this view is Gil (1970) who believes that there would be no child abuse if it were not for such factors as poverty or job stress. Expanding on this view, Blair and Rita Justice (1976: 30) noted that families which have considerable numbers of other problems are more likely to abuse their children. In their sample of abusing parents, they found an unusually high frequency of persons who had undergone a "prolonged series of changes" -- economic crises, illnesses, death, accidents. They emphasize that it is the prolonged series of stressful situations, rather than a single stressful event, which promotes violence. It has also been noted that abusive families are unlikely to have social resources to call upon when stressful situations occur. A high association with social isolation was found both among abusive parents (Justice and Justice, 1976) and among abused elders (Case and Lesnoff-Caravaglia, 1978).

However they, as well as others, have noted that the situational stress model is inadequate in explaining child abuse, since it fails to show why some families react to stress and frustration by abusing their children while others, subject to the same stress, do not (Justice and Justice, 1976: 44;

Spinetta and Rigler, 1972). Similarly, a stress model would not totally explain why some adults, when faced with the stresses of caring for an aged parent, react with violence while others do not (Steuer and Austin, 1980). However, the stress model does call attention to the fact that factors outside of the abuser must be considered in explaining the abusive behavior. Thus the Justices (1976: 110) conclude that the abuser is an individual with serious personal problems. In working with abusive parents, they contend that the problems of the abuser must be dealt with sympathetically before the relationship with the child can be rebuilt on a non-violent basis. They contend that the family must be dealt with as a unit, lest the abuser go back to his/her abusive behavior once family problems and the interactions of other family members reassert themselves (1976: 110). As therapists, they attempt to provide support to the abusing parent (1976: 190-191).

With regard to elder abuse, professionals who work with abused elders usually do not recognize such situational stress factors as being a major cause of abuse of the aged (Douglass et al., 1980; Hickey, 1979). It is also clear, however, that the problems associated with care of an aged person may create stresses promoting abuse (Block and Sinnott, 1979: 53). One may predict that programs aimed at resolving elder abuse will have limited success if they fail to take cognizance of the situational stress factors impacting upon the abusing caretaker.

We turn now to an analysis of some of these stress factors which may play a role in elder abuse. They may be analyzed in terms of whether they center upon the elderly victim or the surrounding situation.

The Abused Victim as a Locus of Stress

It has often been noted that victims of domestic abuse are sometimes the focus of stress in an abusive situation. Thus Bishop (1971) and Zalba (1971) have both reported that illegitimate children and those with various types of deformities are more likely to become abused children. And Harrington (1972) notes that "premature babies, hypersensitive babies, colicky and unresponsive babies are especially vulnerable" to abuse. Thus the abusive parent may actually be reacting to stress which was brought about by the child or his problems.

Similarly, the process of aging may bring about increased physical and mental impairment for an elderly parent. This in turn may produce stress for a caretaker, both by requiring reorganization of the family patterns and by placing burdens on a family's economic resources (Block and Sinnott, 1979: 53). Treatment and prevention of the problem must include strategies designed to provide relief from the stresses caused by the elderly; programs which do not consider these problems are doomed to failure. Thus Block and Sinnott (1979: 93-95) recommend increasing the independence of the aged, and providing the care taker with "time off" from his responsibilities.

The Social Situation as Locus of Stress

As noted earlier, analysts of spouse and child abuse have noted that the factors bringing about the abuse may be totally unrelated to the characteristics of the victim, who has the misfortune to have been in the wrong place at the wrong time. As a result, domestic abuse is found to be worse in families with various stressful problems, all of them unrelated to the victim who is the focus of the abuse. If studies of child and spouse abuse are any indication, then elder abuse also ought to be greater in families which have: unemployment or under employment (Straus, Gelles, and Steinmetz, 1980: 150); religious

differences in the family (138-140); a larger number of children (177-178). Both Straus et al. (1980: 183) and the Justices (1976: 30) found that the greater the number of stressful situations a family endured, the greater the likelihood of domestic abuse.

Multi Causal Models of Family Abuse

Several experts on domestic assault have suggested models which encompass the factors explaining the dynamics of the problem. Based on an analysis of spouse abuse, Gelles (1974b: 200-201) suggests seven factors which might be useful in analyzing elder abuse: (1) social position of the abuser; (2) class and community values; (3) socialization experiences of the abuser; (4) situational stress; (5) psychopathic states of the abuser; (6) immediate precipitating situations; (7) the actual assault (which may vary in terms of frequency, severity, whether physical or psychic abuse, and so on). He has also listed a number of forms which domestic abuse may assume: violence which is normative or approved; violence which is secondary to other violence; volcanic or explosive violence; alcohol related violence; protective reaction violence; one-way violence; and sex-related violence (1974a: 59).

Some of the above types, particularly the last three, may not appear to apply to elder abuse; however, it should be noted that some elder abuse is actually elder-elder abuse. Thus Block and Sinnott (1979: 77) found that 15% of the abusers in their sample were the spouses of the victim, and 19% of the abusers were themselves over 60 years of age. Others have also noted the likelihood that the abusive behavior is a part of a long term pattern within the family (Steuer and Austin, 1980). This situation would be one in which marital conflict had occured for years; in addition, it could involve unresolved sibling or parent-child conflict which has occured over a long period of time. For these individuals, conflict of a rather severe nature is

a way of life rather than a phenomenon occuring because an individual has become old.

Having noted such a broad array of domestic violence patterns, Gelles attempts to develop a theoretical typology of domestic violence. His typology is developed from the three major dimensions which he believes are involved in incidents of domestic assault. These dimensions are (Gelles, 1974a: 85-86):

1. The instrumental/expressive dimension: Is violence a means of achieving another end or is it a goal in itself? For example, violence directed against an elder to force him/her to behave as the caretaker wished would be instrumental; acting out of frustration at some stressful situation would be expressive.

2. The legitimacy/illegitimacy dimension: Is the violence seen as justified or not? Forcing an elder to eat might be viewed as legitimate; hitting an elder because the caretaker had a hard day at work is illegitimate.

3. Victim precipitated/non-victim precipitated dimension: Did the victim provoke the violence in some way or not? While victim advocates generally resist the inclusion of this variable, it is probable that at least some domestic violence falls into this category. Thus some elderly may nag their caretakers until they achieve a violent response.

To be adequately handled by a counselor, crisis intervention worker, or social agency, each would require a different approach. Unfortunately, little research has been done to assist such workers in identifying the different types, much less developing alternative strategies.

The models discussed above are drawn from the general literature on domestic abuse. Working from a specific analysis of elder abuse, Block and Sinnott (1979: 53) have suggested that the broad range of factors producing elder abuse fall into 5 categories. These include: economic and demographic changes, which have prolonged the time and also the expense of caring for an aged parent; changes which occur in the aged parent's life, making him/her more dependent upon others for care; changes in the adult child's life,

which may make the demands of caring for an aged parent more burdensome; family relationships, which may exacerbate the problem, such as the existence of other burdens or problems in the family or the existence of perennial conflicts between the aged parent and his/her children, which may make a caring relationship difficult to maintain; the inevitable tensions which occur in a multigenerational household, as family members of different generations disagree over the functioning of the home.

This theme of victim responsibility reappears constantly in studies of domestic violence. Cases of wife abuse reported to the Michigan Women's Commission include several who expressed the feeling of shame and failure (Michigan Women's Commission, 1977: 13). And Gelles (1974a: 59) found that many victims believed they had deserved the violence directed against them: "It was my fault. I asked for it." Because they feel that they have, in fact, precipitated or caused the violence, many domestic violence victims are reluctant to seek help.

Another reason for the non-reporting of domestic assault is the fact that many incidents of violence in the family are considered to be "normal" (Gelles, 1974a: 58). Stark and McEvoy (1970:52) found that almost 20% of the Americans believe that spouses should slap one another upon occasion, and this support is even greater for parental hitting of children, with over 80% of parents reporting they strike their children (Stark and McEvoy, 1970: 54). In Gelles' sample, "...nearly all the parents hit their children at least once..." (1974a: 61). In families where violence is considered normal, directing that violence from child to parent rather than parent to child would be expected. Hence it is not surprising that a national survey of family violence found that children had

hit a parent in 18% of the families studied (Straus et al., 1980: 119-120). These parents were generally younger than 65; however, one might anticipate that a violent child-to-parent relationship developed during the parents' middle years would be likely to continue as the parent reaches old age.

Thus paradoxically, the family can be viewed at one and the same time as a place of harmony and love, and also as one in which violence is "...routine, normative, and even...necessary..." (Gelles, 1974a: 58). On either count, the victims of family violence are discouraged from seeking assistance. Either they view families as harmonious by nature and are embarrassed to admit that their home lives are less than ideal, or they rocognize violence as a normal part of the domestic scene and thus feel impelled to accept their victimization.

How to Identify Victims of Elder Abuse

Most studies have suggested that abuse of the elderly is probably greatly underreported (Douglass, et. al., 1979; Lau and Kosberg, 1979). This is similar to the situation with most domestic violence, and for the same reasons. These reasons include both a reluctance on the part of victims to report their abuse, and hesitance on the part of official agencies to invade the privacy of the home.

Reluctance of Victims to Report. It has been noted that victims of domestic violence are more reluctant to report their victimization than other victims. Several reasons for this pattern have been suggested. One commonly recognized reason is what Steinmetz and Straus (1974b: 7) refer to as "the myth of family consensus and harmony." The family is seen "as a center of solidarity and love" (Steinmetz and Straus (1974b: 6). Cases of family violence which become known are viewed as abnormal exceptions. Consequently, people are embarrassed to admit that their own families depart from this presumed norm of harmony and love. As Gelles (1974a: 40) notes, many people were incredulous as to the possibility of conducting research on family violence, asking, "Why would

anyone tell you about that?" An admission of family violence suggests a failure in oneself for not having achieved the ideal of family harmony. Thus a battered elder may feel that he/she has failed by having raised an abusing child. It has also been noted that a desire to maintain the family's reputation and a desire to avoid embarrassment may serve as considerations which lead the abused person to the decision of not reporting the abuse to a professional (Lau and Kosberg, 1979).

Another reason for reluctance to report on the part of victims of domestic abuse is their fear of reprisals from the abuser. Such reprisals may involve the threat of further violence, the fear of losing support, or both. As Gelles (1973: 93) has pointed out, victims of domestic violence have "no place to go" where they can be free of the threat of further abuse. Such fears are commonly mentioned by abused wives as the reason they do not report the abuse (Michigan Women's Commission, 1977: 6-8). It has also been noted that domestic abuse victims are often dependent upon their abusers. Thus many women remain with a violent husband because they have no means of support if they leave.

Both of these factors have been found to exist with the elderly. Thus Douglass, et al., (1979) recognize the fear of reprisal as a reason for non-reporting. Dependence of the victim upon the abuser is mentioned by Block and Sinnott (1979). In addition, Douglass, et al., (1979) point out that many elderly decline to report the abuse because they fear the loss of the relationship with the abuser, who may be a beloved child and perhaps one's closest remaining relative.

With regard to the elderly, it has also been noted that reluctance to turn to professional agencies may stem from lack of knowledge or fear of the agencies themselves. It has been suggested that some victims may lack familiarity with with the abusive situation. Thus, a number of factors such as disorientation,

senility or a simple lack of knowledge concerning available services may render a victim incapable of reporting the fact that he has been abused (Lau and Kosberg, 1979). Those victims who are aware of available resources may still resist reporting the abuse because they feel incapable of coping with the responsibilities which may ensue if they do report (Lau and Kosberg, 1979). Possible court appearances or conversations with the police can be fear-provoking experiences in themselves.

For all of these reasons, some abuse victims are so reluctant to deal with the abuse that they will refuse professional help even if it is offered (Lau and Kosberg, 1979). Hence, dealing with elder abuse is a task requiring great care and tact. Block and Sinnott (1979: 92) suggest that civil rather than criminal means are more appropriate for dealing with elder abuse. One reason is the lesser stigma which attaches to such a judgement, allowing both offender and victim to deal with the problem more easily.

Hesitance of Official Agencies to Intervene. Even if an abused victim decides to report the experience to some authority, it is not at all clear that he/she will receive any assistance in dealing with the matter. Thus Block and Sinnott (1979) found that although 95% of their sample reported their victimization, no victim received assistance. This is similar to the pattern which appears with most domestic abuse. A tendency to "accept-and-hide" domestic violence has been encouraged by society as a whole, from friends and relatives of the violent family to official agencies. Wife abuse victims are often encouraged by their families to accept the situation (Michigan Women's Commission, 1977: 14). Medical practitioners, who are most likely to see evidence of serious violence, often try to avoid dealing with domestic abuse, both of children (Kempe,

1962: 19) and adults (LEAA, 1977). Police and the courts, normally the avenue of redress for the victim of criminal assault and/or civil injury, have largely ignored domestic assaults (Field and Field, 1973; Gelles, 1977: 61; Truninger, 1971). This is due partly to the belief that such things are best left a private matter, and partly to the recognition that domestic disturbance calls can be very dangerous for police (Calvert, 1977: 80; Straus, et al., 1980: 232-233).

Non-criminal approaches to such domestic problems are usually recommended (Block and Sinnott, 1979: 92). However, it has also been noted that traditional counseling agencies have not dealt very effectively with family violence. Marriage counsellors and social workers often encourage the maintenance of family ties, even violent ones (Michigan Women's Commission, 1977: 83-84). Conflicting advice is also given. Thus some counsellors encourage the open expression of aggressive feelings in order to vent them in appropriate channels (Steinmetz and Straus, 1974a: 99), while others believe that expressed hostility can generate even more aggressive feelings (Berkowitz, 1973; Bandura and Walters, 1974).

As a consequence, domestic abuse has been greatly neglected by service providers. This is true of child and spouse abuse as well as elder abuse. As Block and Sinnott (1979: 88) point out, strategies of intervention must be developed primarily to end the abuse, but secondarily to help in establishing the physical and mental well-being of the abused person and of the abuser as well. As noted earlier, usually the abuser is also a person with severe problems which must be solved before the abuse can be stopped. And for most abused elders, severance of the abusive relationship is not viewed as a desirable alternative (Douglass, et al., 1980: 109). Clearly, further research is necessary in order to determine the needs of aged abuse victims and the most

appropriate ways of providing for them.

Assisting Elderly Abuse Victims

The techniques of assisting victims of elder abuse has received only limited attention in the literature. Discussions concerning this aspect of the abusive situation have centered on two major areas: 1) the ways in which abuse cases are presently handled; and 2) recommendations concerning methods of dealing with such cases in the future.

Douglass, et al. (1980) studied service providers' perceptions of the nature and extent of elder abuse in Michigan. They noted that few service provider categories had routine procedures for dealing with elder abuse victims. Steinmetz (1981) also noted that services adapted to the needs of elder abuse victims are severely limited in availability. Of particular significance according to Steinmetz (1981) is the absence of services which can effectively intervene in such a situation. Even when a valuable service exists, the obstacles to reaching the victim are often insurmountable. For example, she notes that family assets must often be spent before victims are considered eligible for help.

It has also been observed that the services which are provided are often of questionnable effectiveness (Douglass, et al., 1980). Lack of case follow-up is an example. Only 20 of the 153 service providers in his sample mentioned that "regular" and "frequent" followup of cases was instituted in elder abuse cases. Douglass's study (1980) found that the reporting of cases appeared to be haphazard. Some service providers referred cases to the State Department of Social Services, but in most instances, the case remained within the agency itself. There is little information provided concerning the effectiveness of the agency's intervention.

Recognizing this apparent ineffectiveness of agency efforts to deal with elder abuse, researchers make a number of recommendations concerning appropriate intervention techniques. Block and Sinnott (1979:88) note that the intervention should be concerned primarily with "...end[ing] the abuse and maintain[ing] the well-being of both abused and abuser as far as possible...." If possible, it is suggested that the victim should be allowed to remain in the home, since a change in residence can produce negative consequences for the victim, such as disorientation or premature death (Lau and Kosberg, 1979). They note, however, that the availability of supports is a major factor which must be considered before such a decision is made.

A major recommendation made by several authorities is that more resources be made available to provide support to those caring for an elderly person (Douglass, et al, 1980; Block and Sinnott, 1979). The goal of these measures should be aimed towards assisting caretakers in coping with their roles and preventing the occurence of situations which might cause abuse (Block and Sinnott, 1979). Resources such as home services, day care, counselling and financial aid might help alleviate this problem somewhat (Block and Sinnott, 1979; Lau and Kosberg, 1979). It is also recognized, however, that definite knowledge concerning the effectiveness of different types of treatments must await the development of more research in this area (Douglass, et al., 1980).

Chapter 2

METHODOLOGY

The purpose of this study was to identify and analyze approximately fifty cases of elder abuse. We hoped to obtain a more accurate estimate of the number of abused elders than studies to date have provided. We also hoped to be able to analyze more fully the situations in which abuse occurs. In order to accomplish this, the Principal Investigators proposed that this study would analyze the dynamics underlying the relationship between the victim, the abuser and the domestic situation of which the victim was a part. The study rested on the following assumptions:

1. The causes of abuse of the elderly are to be located in the complex relationships of the abused, the abuser, the family and the social situation.

2. Elder abuse will not be solved until the causal factors have been removed. Thus, a long-range permanent solution to elder abuse will require providing assistance to the abuser and other members of the abusing family, as well as protecting the abused elder.

3. Means of identifying elder abuse, similar to those for identifying child abuse, can be developed which can aid in locating abused elders in need of help.

4. Agencies which deal with the aged, medical institutions, and law enforcement agencies are all in a position to identify and assist victims of elder abuse.

In accordance with these assumptions, this study proposed to address the following research questions:

1. What are the characteristics exhibited by abused elders, their abusers, and their family situations?

2. What are the dynamics of elder abuse? How does abuse arise in the process of social exchange between aged persons and their families?

3. What characteristics of abused elders can be used by social, medical or legal agencies to identify and assist aged victims?

4. How can agencies assist elder abuse victims, and how can they be encouraged to accept help?

5. What needs do the abused and their families have and how can they be helped in avoiding the abuse?

Five Phases of Data Collection

The procedures used in this study were modelled in part on Richard Gelles's (1974a) trailblazing study of domestic assault. While Gelles's research focused on the nature of spouse abuse, it was proposed as being appropriate for analyzing the nature and characteristics of elder abuse as well.

In the Gelles (1974a: 32-36) research, four sub-groups of couples were studied. Two groups of 20 couples each with a history of assaultive behavior were referred to the researcher by the police and by a social agency. The other two groups, also having 20 couples each, were neighbors of the police and agency referred couples, and served as a control group. An attempt was made, with little success, to interview both spouses. In most cases only one, usually the wife, was included.

In the present research, we proposed to obtain 50 cases of elderly persons who were suspected of being victims of elder abuse. Cases would be obtained from medical and social agencies such as the Visiting Nurse Association, the Health Care Institute, senior centers, and other agencies serving the elderly, as well as police reports. In addition, an equal number of elders not suspected of being abuse victims were to be obtained from participating senior centers to serve as a control population.

Due to the nature of the target population, it was expected that some of the aged persons in the sample would not be capable of being interviewed. This was likely in view of the fact that the infirm aged are more likely to be victims

of abuse (Lau and Kosberg, 1979). Consequently, we proposed to interview the caseworker assigned to the victim. Finally, we stated that we would attempt, as in Gelles's research, to include a family member of the aged respondent wherever possible. The composition of the proposed sample is summarized in Table 2.1.

All respondents, the victims, the controls, the professional workers, and the family members, were to be interviewed personally by members of the project staff, using an interview focusing upon the problems and conflicts of the individual and his/her family, and the means by which they solve or attempt to solve them. This was the approach used by Gelles (1974a: 29-31) in his study, and is preferable for this type of study for two reasons: (1) discussing the suspected abuse is made easier for the victim if placed in the context of general family problems; (2) information on the factors generating elder abuse can best be obtained in this manner. In all cases, care was to be taken to insure that the respondents' privacy was protected and that they could exercise the choice not to participate if they so desired. Specifically, written permission from each respondent was to be obtained before the interview took place.

Agency Questionnaires

In the initial phase of the project, it was necessary to locate agencies which had contact with abused elders, in order to determine which agencies were most likely to have such contacts for referral to the project. In order to accomplish this, a questionnaire was mailed to 302 Detroit area agencies (See Appendix A). Social agencies, senior centers, and health agencies were included in the survey. This appeared to provide the most efficient means of locating

agencies which had contact with abused elders.

In order to increase the likelihood that agencies would respond to the questionnaire, the Institute of Gerontology co-sponsored this phase of the project with United Community Services of Metropolitan Detroit (UCS). UCS is the major planning agency of the Detroit area supported by the United Foundation. In this capacity, it has a good working relationship with Detroit's major social agencies. In addition, UCS had sponsored a similar questionnaire concerning spouse abuse in 1979, and one of the Principal Investigators (Dr. Sengstock) had been associated with this earlier project. Hence it seemed likely that a more favorable reponse would be received from the agencies through a jointly sponsored project.

Specific information obtained from this survey included:

- the type of agency reporting elder abuse cases;
- the number of cases of elder abuse in the agencies' files;
- the means by which agencies identify cases;
- the sex distribution of cases;
- the number of cases requiring protective shelter and whether or not this was obtained.

The questionnaire was mailed to agencies, together with a letter explaining the project, in February, 1981. A followup letter, along with a duplicate copy of the original questionnaire, was sent in May, 1981, to those agencies which had not responded to the initial mailing. Responses were received from 108 agencies, or 36% of those surveyed.

Agency Interviews

Questionnaires received from the mail survey of agencies were examined to ascertain whether or not the agency was in contact with elderly persons who were victims of abuse. Twenty-five agencies reported seeing such clients and

were contacted by phone; appointments were made for interviews with agency directors or their representatives and a summary of the research proposal was provided (Appendix B). Interviews with these agency directors offered the opportunity to discuss the problem of abuse more thoroughly and also to focus on specific cases of abuse seen by the agency. Agencies interviewed ranged in type from hospitals and visiting nurse associations to police departments and crisis clinics. In addition, workers in these 25 agencies were asked whether they knew of other agencies which would be likely to see elderly persons faced with such a problem. This snow ball technique provided us with an additional 20 agencies. Thus, a total of 45 agency visits were made by the principal investigator and research assistant.

Agency interviews focused on the following issues:

- description of our elder abuse research;
- the nature of the elder abuse cases which the agency had seen;
- the means by which the agency identified these cases;
- development of an agreement with the agency to provide us with information on the cases they saw, and, if possible to arrange inteviews with some of the victims.

The interviews were conducted on an informal basis and the material obtained was later subjected to a content analysis. The coding sheet used for the content analysis will illustrate the type of information obtained (See Appendix C).

Agency Reports on Cases of Abuse

The third phase of the data collection process involved obtaining data from agency personnel on the specific cases of abuse which had been seen by their agencies. A formal report form was prepared for this purpose (See Appendix D). Agency personnel were also provided with instructions for providing the information requested. A separate report was filed for each of the 77 cases of elder abuse which had been referred to us as a result of agency interviews.

Specifically, data obtained from agency case reports included:

- basic demographic characteristics of the victim;
- social contacts of the victim;
- characteristics of the abuser(s);
- characteristics of the abuse sustained: duration, symptoms, possible causes;
- means by which the abuse was identified;
- professional intervention: its presence or absense; its effectiveness;
- professional background of the service provider filing the report.

Interviews with Elder Abuse Victims and Family Members

An additional purpose of the agency report was to obtain information concerning whether or not an interview with the victim could take place, and if not, why the interview could not take place. In 23 cases (30.6%), agency workers believed that victims could be interviewed. In all but 3 of these cases the victim was in fact interviewed. The remaining 69.3% of the victims reported could not be interviewed (See Table 2.2).

It appeared that the most common reason why victims could not be interviewed was the need to maintain confidentiality. In 27 cases (32.1%), the agency respondents noted that client confidentiality prevented referral of an abused client to the project for an interview. In 24 cases (29%), the victim was no longer seen by the agency, making it difficult to make contact with him/her. Other problems in obtaining an interview with the abused person were also mentioned. Among these were the agency worker's belief that an interview about the situation would exacerbate the victim's problems (9 cases, 10.4%); the fact that the victim was no longer living (7 cases; 8.3%); or the refusal of the victim to be interviewed (6 cases; 7.1%). Further, some workers mentioned that the victim was disabled, either mentally (4 cases; 4.7%) or physically (3 cases; 3.5%). It was also mentioned that in three cases (3.5%) the family would not

permit the interview to take place. Lastly, one interview (1%) could not occur due to a language barrier.

The initial phase of the interview process was obtaining informal consent for the interview. This was generally obtained by the agency worker who had referred the victim to the project. In a few cases, however, agencies felt more comfortable with having us make the initial contact with the victim. Once informal consent was obtained from the victim a specific appointment was established.

Interviews were conducted by trained interviewers under the supervision of the co-investigators at a time and place convenient to the respondent. Information collected included the following:

- demographic characteristics of the aged respondent;
- nature of the relationship to family members;
- areas of disagreement and conflict in the family;
- other family problems;
- nature of contacts with social agencies;
- nature of contacts with other informal sources of help (such as other family contacts or friends);
- nature of reactions under stress, both generally and with specific reference to abuse;
- relationships in family over time, particularly with reference to abuse;
- belief in the appropriateness of physical punishment;
- perceived needs of the family which could be served by social agencies.

Final forms for the interview were pretested prior to administration. (See Appendix E for a copy of the interview schedule.) It was estimated that each interview would take approximately one hour to complete. Since it was recognized that the topic of abuse would be difficult for respondents to discuss, study followed Gelles's (1974a: 29-31) approach of focusing questions around general family structure and problems, with the issue of physical violence introduced at a later point in the interview.

At the time of the interview, a formal consent was signed by the victim (See Appendix J). Victims were also informed at this time that the project

staff would attempt to refer them to agencies in the Detroit area who might be of assistance to them. Referrals were assisted by Mr. Robert Graham, community liason for the Institute of Gerontology at Wayne State University.

Following the completion of the victim interview, the victim was asked if he or she could refer us to a family member who would agree to be interviewed for the project. We explained to the victim that we were attempting to get an overall picture of the problems that family members have; thus, we wanted to interview more than one family member when this was possible. Unfortunately, only six of the victims (7.7%) were willing to refer us to a family member who later agreed to be interviewd. In addition, service providers were quite hesitant in referring family members since they felt this might cause further problems for the victim. Interviews with family members followed procedures and an interview schedule identical to those followed with the victims.

Comparison of Interviewees with Reported Cases

The major characteristic which distinguishes this study from other studies of elder abuse is the fact that this study was able to obtain interviews with a sample of the victims of elder abuse. While we had hoped to interview many more of the victims, we were able to interview about one fourth of the 77 victims on whom agency data was available.

It is helpful at the outset to compare the characteristics of the interviewees with the victims as a whole, in order to determine whether there are any major respects in which the interviewees differ from the victims who could not be interviewed. Of course there is clearly one important respect in which they differ, and that is their willingness to allow an interview, since unwillingness to be interviewed was a major reason for the absense of an interview. However,

it is useful to determine whether any other key characteristics distinguish the two groups.

As Table 2.3 shows, the interviewees were fairly similar to the sample as a whole in terms of age distribution. About 30% of both the interviewees and the sample as a whole were between the ages of 80 and 89. Similarly, about one-third of each category was in the 70-79 age group. The two age groups which appeared to be slightly under represented among the interviewees were the youngest age group (60-69) and the oldest age group (90 and over). One interviewee was not quite 60 years of age (the stated minimum age) at the time of the study. We can be fairly secure that the interviewees are representative of the sample as a whole in terms of age compostion.

As the Table shows, the interviewees also resemble the sample as a whole in terms of sex and race. Thirty present of the interviewees and 26% of the sample were male; 65% of the interviewees and 74% of the sample were female. Thus males are slightly over represented among the interviewees, but this slight difference can scarcely be eliminated in samples of this size. With race as well there is a very slight overrepresentation of blacks among the interviewees. Blacks represent 40% of the reported victims and whites 56%. The interviewees, however, are exactly evenly divided between black and whites. Again this difference appears negligible.

In terms of the type of abuse suffered there is also a close correspondence between the interviewees and the reported cases. Thirty-five percent of the interviewees and 43% of the reported cases involved physical abuse or neglect. Fifty percent of the interviewees and 55% of the reported cases involved financial abuse. Psychological or emotional abuse was slightly underrepresented among the interviewes (65%), as opposed to the agency reports, which found this

type of abuse in 82% of the cases.

There is a very close correspondence between the interviewees and the sample as a whole in terms of the relationship of the individual who is the alleged abuser. In both categories the alleged abuser was the child of the victim in about half of the cases. The spouse was believed responsible in 15% of the interviews and 12% of the reported cases, while a grandchild was believed responsible in 10% of the interviews and 4% of the reported cases. Both of these differences are unavoidable with samples of this size. Other persons (cousins, siblings, nieces or nephews, roomers or landlords) were believed responsible in about 30% of each category. Hence, the two categories seem quite similar in terms of the relationship to the alleged abuser.

In conclusion, it appears that we can assume that the victims interviewed are fairly representative of the abuse victims reported by the agencies. They are fairly representative in age, with a slight underrepresentation of the oldest and youngest age groups. The sexes are represented in about the same proportion in both categories, with possibly a slight bias toward male interviewees, and victims of both races are evenly represented among the reported cases and those interviewed. Finally, the alleged abuser appears to be similar in both categories, as does the type of abuse.

Control Group

The final phase of the data collection process involved obtaining interviews with at least 50 persons, age 60 or older, who had not been reported to the project as being victims of abuse. This aspect of the project was conducted for two reasons: to provide a general estimate of the prevalence of the prevalence of abuse; and to provide a comparison of the characteristics of victims

to supposed nonvictims.

In obtaining this data, two methods were used. The first involved administering a short interview (See Appendix F) to 50 elderly persons by project personnel, agency personnel, and advanced undergraduate and graduate students in the Department of Sociology at Wayne State University. Respondents were obtained from senior centers and social and health agencies in the Detroit area. These interviews can be used to obtain estimates of the prevalence of elder abuse. With these respondents also, formal consent was obtained prior to the administration of the interview. The interview itself was a short, condensed version of the interview schedule administered to victims and family members, focusing on problems elderly persons may face and the means by which they are handled.

The second method utilized involved conducting fifteen indepth interviews with elderly persons who were not identified as being victims of abuse. These respondents received an interview schedule identical to that used to interview victims and family members (See Appendix E). Prior to its administration, formal consent was obtained.

This subgroup of control group respondents was obtained in order to provide us with a comparison of elderly victims to elderly persons who were not identified as such. More specifically, it was felt that knowledge concerning a comparison of demographic characteristics, social contacts and activities, and the types and methods of handling of problems would be beneficial in providing some insight into possible key variables affecting the likelihood of elder abuse.

Conclusion

This report is based on information on elder abuse obtained from four major sources:

1. agency questionnaires concerning the prevalence of this problem and the means by which elder abuse cases are handled;

2. personal interviews conducted with agency personnel concerning the the nature and extent of elder abuse;

3. agency reports on 77 specific cases of elder abuse;

4. direct interviews administered to 20 of the 77 elder abuse victims in our sample.

Within this report, we will provide a description of the following: demographic characteristics of victims and their families; social contacts of victims within and outside of their immediate households; health and physical impairments exhibited by victims and their family problems. In addition, this report will include a description of the ways in which agencies dealt with cases of elder abuse in our sample and the victims' appraisal of the assistance received.

Table 2.1

Sample Composition

Composition of the Proposed Sample

	Interviews
Aged Victims of Domestic Abuse	50
Family Members of Abused Elders	50
Agency Workers of Abused Elders	50
Aged Persons Who Are Not Victims (Controls)	50
Total Sample	200

Composition of the Actual Sample

	Interviews	Questionnaires
Agency Questionnaires		108
Service Provider Interviews	45	
Agency Case Reports	77	
Aged Victims of Domestic Violence	20	
Family Members of Abused Elders	6	
Aged Persons Who Are Not Victims (Controls)	65	
Subtotals	213	108
Total Sample	321	

Table 2.2

SUMMARY OF VICTIM INTERVIEWS

Possibility of Interview

Number of interviews possible	23	30.6%
Number of interviews not possible	54	69.4
Total Sample	77	100.0%

Reasons Why Interview Could Not Take Place

Reason	Frequency	Percent*
Client confidentiality	27	50.0%
Victim no longer seen by the agency	24	44.4
Exacerbation of the victim's problems	9	16.6
Victim dead	7	12.9
Victim refused	6	11.1
Victim mentally disabled	4	7.4
Victim physically disabled	3	5.5
Family would not permit	3	5.5
Language barrier	1	1.9

*Percentages add up to more than 100 since multiple responses were possible.

Table 2.3

Characteristics of Interwiewees as Compared with All Reported Cases

		Interviewees			Reported Cases	
Age:	50-59	1	5%		2	2.6%
	60-69	3	15		24	31.2
	70-79	7	35		25	32.5
	80-89	6	30		23	30.0
	90+				3	3.9
	unknown	3	15			
Sex:	Male	6	30%		20	26.0%
	Female	13	65		57	74.0
Race:	White	10	50%		43	55.8%
	Black	10	50		31	40.3
Abuse suffered (multiple responses possible):						
	Physical Abuse	5	25%		5	
				35%		33 42.9%
	Physical Neglect	2	10		18	
	Financial Abuse	10	50		42	54.5
	Psychological Abuse	13	65		63	81.8
Abuser (Multiples possible for interviews)						
	Child	11	55%		38	49.4%
	Spouse	3	15		9	11.7
	Grandchild	2	10		3	3.9
	Other	6	30		21	27.3

SECTION II.

DATA ANALYSIS

Chapter 3

AGED ABUSE VICTIMS AND THEIR SOCIAL CONTACTS

The problem of elder abuse is still an area which has received little attention in the research. Studies which exist are small and based upon limited samples. In order for our knowledge of the problem to increase, it is necessary to develop profiles of victims in various areas, in the hope that the cumulative effect will be to provide us with a more complete picture of domestic abuse of the aged.

In this connection it is useful to provide a description of the abused elders identified by our study. (See Appendix H for a brief description of each case.) What categories of elders are more likely to be abused? What kinds of social contacts do they have with family and friends? Which members of the family are more likely to engage in abusive behavior?

In this section we will provide a description of the characteristics of the abuse cases which were reported by the agency workers. In interpreting these data, it is crucial that certain cautions be observed. Our study, like other studies of elder abuse conducted to date (Block and Sinnott, 1979; Douglass et al., 1980; Lau and Kosberg, 1979), relies upon reports of professional workers with sufficient interest in elder abuse to take the time to make reports and whose agencies will permit them to participate. Since it is impossible, with a sample of this type, to determine how many cases are not seen by agencies or are served by agencies which do not agree to participate, no study of this type can make generalizations concerning the prevalence of abuse in the aged population as a whole. Further, as we will discuss, the type of abuse seen is somewhat dependent upon the type of agency which observes the abuse. Since some types of agencies may be more likely to identify abuse than others, it is invalid

to draw conclusions concerning the prevalence of one type of abuse versus another.

Our study does represent, however, one of the largest collections of agency reports on abuse cases which has been collected to date, and the only collection of direct interviews of victims. Hence it is possible to analyze far more aspects of the elder abuse cases seen by agencies than has been possible to this point. We can, for example, make a number of generalizations concerning the characteristics of the different types of elder abuse, the symptoms observed, the manner in which the agencies handle them, together with a number of characteristics of the abused individual, the abuser, and the family situation which surrounds the abuse. It is this type of generalization upon which our study will focus. We begin with a description of the elderly abuse victims.

Demographic Characteristics of Victims

The demographic characteristics of the victims are summarized in Table 3.1. As the table indicates, ninety percent of the victims were between 60 and 90 years of age, evenly divided between the three decades, with about thirty percent of the sample in each. Only three victims (3.9%) were 90 or over. Although our instructions the agencies had specified that victims be 60 or over, two victims were reported who were age 59.

Previous studies have suggested that the majority of elder abuse victims are women (Block and Sinnott, 1979:75-76). This predominance of female victims was true of our study as well, with three-fourths of the cases reported involving female victims, as opposed to only one-fourth male victims. In terms of race, the sample was rather evenly divided between blacks and whites, with white victims slightly more numerous that blacks (56% versus 40%). Agency workers were not always able to tell us the religion of the victims. For those cases in which the religion was known, there is a clear predominance of Protestants (35% of the sample), with 17% Catholics, and only one Jewish victim (1.3%).

It is clear that the victims in our sample tend to be lower income persons, with nearly 60 percent of them reporting an income of less than $5,000 per year. Another 25 percent reported an income of from $5,000 to $9,999 per year. Hence over 80 percent of the victims had to live on less than $10,000 per year. It is easy to see why they would feel quite dependent upon their families and unable to escape the abusive situation. It should be noted, however, that the wealthy are not immune to the problems of domestic abuse, although they may be better able to hide these problems from authorities (Steinmetz and Straus, 1974:7-8). Five of the victims had incomes of over $10,000 per year, and of these, two had incomes in excess of $20,000 per year. Since the majority of the victims were women, it is not surprising to learn that the majority of the victims (55%) had not been employed outside their homes throughout most of their lives. What is perhaps surprising is the fact that several (5.2%) were professional or semi-professional persons.

Moving to an analysis of the victims' households, it should be noted that the greatest number of cases by far (over 80%) represented persons residing in the City of Detroit (Table 3.2). In part this probably reflects the fact that older persons are more likely to reside in the central city than are younger persons (Midwest Research Institute, 1977). It may also reflect the location and case concentrations of the agencies participating, although several agencies in suburban areas were contacted for possible participation in the project. Another 9% of the cases resided in communities in the County of Wayne, and 4% resided in Macomb County. No cases were found in the third major section of the Detroit Metropolitan area, Oakland County. Again, this is probably due to the non-participation of agencies in this area in the project.

As the Table 3.2 shows, the majority of the victims either lived alone (31.2%)

or with one other person (42.9%). Fourteen victims (18.2%) lived with two other people; six lived with three or more others, including one aged victim in a household which included 6 other persons. It should be noted that living alone does not preclude the existence of abuse on the part of family members, who may abuse the aged person during visits, or for whom neglect may be a form of abuse. We will discuss further the characteristics of these household members in the next section.

One of the conclusions which has been drawn in other studies of elder abuse is the fact that persons with some type of disability are more likely to be abused than those who are physically strong (Block and Sinnott, 1979: 76). In our study we did not find this to be true in the majority of cases (Table 3.3). Agency workers reported physical and/or emotional impairment in only 17 cases (22.1%). The degree or severity of this impairment may be gauged, to some degree, by the number of symptoms reported. Six of the victims were reported to have one symptom of impairment; four others showed two symptoms; five exhibited three and two showed four symptoms. The most frequently reported type of impairment was some degree of emotional impairment (28.6%). Other common disabilities were the victim's inability to prepare his/her own food (16.9%) and the inability to perform his/her own personal hygiene (13%). Smaller numbers of victims were reported to be unable to prepare their own medicine (9.1%), or were totally bedridden (7.8%), or had other types of impairments (2.6%).

Social Contacts of Aged Abuse Victims

One of the questions which might be raised about aged victims of abuse is the nature of their social relationships. Are they many or few in number? Is an aged person more likely to be abused if he or she has a considerable number of

social relationships, any one of which may bcome abusive? Or is there a greater danger in only one or two relationships on which the individual is extremely dependent?

We have already indicated that these victims were most likely either to live alone or with just one other person. In Table 3.4 we have indicated the types of persons who lived in the households with the aged victims not living in single person households. As the table shows, the most common types of household members for the aged victims were a son or son-in-law (28.6%), a spouse (20.8%), or a grandchild (19.5%). The next most frequent household members were a daughter or daughter-in-law (14.3%). Other relatives accounted for 10% of the household members. Friends, roomers, and a landlord or landlady were also found to be household members upon occasion.

We also inquired as to the number of family members which these aged victims had in the area who were not members of their household but who had contact with the victim upon occasion. Again, it is important to know whether these victims had other persons in the area upon whom they could call for help, or whether the members of their own household are the only social contacts they have. As Table 3.5 shows, these aged persons are largely people with other family members who retain some degree of contact with them. Only one-fourth of the victims were reported to have no other family contacts besides those in their own households. Most (29.9%) had contact with one other family member; 18.2% had two other non-household family contacts. Nearly 20% had more than two other family contacts.

These contacts included primarily their children, equally divided between daughters (26.0%) and sons (27.3%). Next most common were brothers (11.7%), sisters (10.4%), and other relatives (15.6%). Twelve percent had contact with a grandchild, and a few had contact with a son or daughter-in-law (3.9%).

These contacts included primarily visits (50.6%) or telephone calls (45.4%). Only rarely did they include help with household chores (7.8%). As the table also shows, the frequency of such family contact was most often once a week; this was true of 33% of the victims who had non-household family contacts. Fourteen percent had daily contacts and 19% had contact with family members 2-3 times a week. Another 12% had contact about twice a month, while about one-fourth had such contact less often than this.

We could summarize the non-household family contacts of these victims by describing them as limited or peripheral in character. Two-thirds had some type of non-household family contact, but for about two-thirds of these, the contacts consisted of a visit or phone call once a week or less often.

With regard to contact with friends, the picture is slightly different, but it still suggests that these are persons with few contacts outside their households. While most of the victims had at least one non-household family contact, nearly three fourths of them were reported to have had no friends outside the family with whom they had contact. However, those who did have such friends tended to have more frequent contact with them. As Table 3.6 shows, these contacts, like those with the family, most frequently consisted of a visit (51.4%) or a phone call (40.0%) rather than help with household chores (8.6%). Contacts with friends were more likely to occur on a daily basis than less frequently.

Thus the picture emerges of these aged victims as being persons with limited contacts outside their own households. Most have family contacts, but these consist mainly of a visit or phone call every week or less. They are less likely to have friends, but those who do tend to have closer contact with them than most victims have with their families. One might suggest that the picture which emerges is similar to that which the Justices (1976:112; 149-152) found with families in abuse was a problem. They described the abusing family as one in which the

abusing parent had very little social contact outside the immediate family.

Who is the abuser?

Having described the social contacts of the aged victims of domestic abuse, the major question which arises is: Which of these contacts is responsible for the abuse? Is the abuser more likely to be a member of the household? What sort of relationship is most likely to result in abuse? Is the abuser more likely to be young or old? Previous studies have suggested that the abuser, like the abused, is more likely to be female (Block and Sinnott, 1979:77). It is also usually assumed that the abuser is one of the victim's own children (Block and Sinnott, 1979:81). However, some have suggested that the abuser may often be somewhat advanced in age as well as the victim (Block and Sinnott, 1979:77). Our data allow us to suggest some answers to these questions.

As Table 3.7 shows, the abuser is more likely to be a member of the victim's household than to live elsewhere. Sixty percent of the victims lived in the same household as the abuser, while 33.8% lived in separate households. The suggestion that aged persons are more likely to be abused by their own children is borne out: half of the abusers were the children of the victim. However, the picture of the daughter as the most common abuser is not confirmed. Children who abused their parents were almost equally divided between sons (26.0%) and daughters (23.4%). It should be noted that spouse abuse is not unknown among the aged, however. Twelve percent of the abusers were the spouse of the victim. Grandchildren were the abusers in 3.9% of the cases. Sisters were more likely to be abusers than brothers (5.2% versus 1.3%). Other relatives (nieces, nephews, cousins) accounted for 7.8% of the cases. In slightly over 10% of the cases the abuser was not a relative. These included friends (5.2%), roomers (6.5%) and landlords or landladies (1.3%).

The picture of the abuser as somewhat advanced in age him or herself is also an accurate one. As the table shows, two-thirds of the abusers are 40

years of age or over. Twenty-four percent are in their 40's and another 20% are in their 50's. Twenty-two percent of the abusers are in their 60's and 6% are 70 years of age or older--well into the category of being classified as elderly themselves. Conversely only 8% of the abusers are in their 30's; 18% are in their 20's; and 2% are less than 20 years of age.

Conclusion

To summarize the characteristics of the aged abuse victims in the sample, they are most likely to be female, low income, and usually of the Protestant religion. They were evenly divided between blacks and whites and also rather evenly distributed across the age spectrum from 60 to 90. They were most likely to live alone or with one other person. Most also lived in the central city.

Most of the victims who lived in multi-person households lived with a spouse, son, son-in-law, or grandchild. Others lived with daughters, daughters-in-law, or other relatives. Most victims had some non-family members with whom they had contact, but these contacts were usually a visit or phone call once a week or less, most often with one of their children, or less frequently, with a sibling. They were less likely to have friends, but contacts with their friends were more frequent than the contacts with relatives. In general, the aged victims could be characterized as persons with limited contacts outside the family.

One can characterize the abuser of an aged person as most likely to be either the son or daughter of the victim, with each sex equally likely to be abusive. The abuser is most likely to be middle aged or older, and probably shares a household with the aged victim. In summarizing this picture, one cannot help but conclude that there is considerable validity to the view that the tensions of intergenerational living and caring for an aged parent, precisely at tne time when the adult child is reaching the crises of middle age, may be

largely responsible for the problem of elder abuse. As Mr. Robert Graham has suggested, much elder abuse may indeed be a "VILLAINLESS CRIME," in which the unbearable circumstances in which the family must exist bring about family violence, rather than the deliberate malicious action of any given individual. One must suggest that as unemployment continues to rise, and the availability of financial assistance and social services continues to decline, the displacement of aggression onto helpless family members, including the elderly, is likely to become even worse.

TABLE 3.1

Demographic Characteristics of
Aged Abuse Victims (N=77)

Aged of Victim:			
	50-59	2	2.6%
	60-69	24	31.2
	70-79	25	32.5
	80-89	23	29.9
	90+	3	3.9
Sex of Victim:			
	Male	20	26.0%
	Female	57	74.0
Race of Victim:			
	White	43	55.8%
	Black	31	40.3
	Unknown	3	3.9
Religion of Victim:			
	Roman Catholic	13	16.9%
	Protestant	27	35.1
	Jewish	1	1.3
	Unknown	36	46.8
	<$ 5,000	44	57.1%
	$ 5- 9,999	19	24.7
	$10-14,999	2	2.6
	$15-19,999	1	1.3
	$20-24,9	2	2.6
	Unknown	9	11.7
Occupation:			
	Semi-Professional/ Professional	4	5.2%
	White Collar	1	1.3
	Blue Collar	3	3.9
	Housewife/Unemployed	42	54.5
	Unknown	27	35.1

Table 3.2

Residential Patterns of Aged Abuse Victims

Location of Victim's Residence:

Detroit	66	85.7%
Wayne	7	9.1
Macomb	3	3.9
unknown	1	1.3

Household Composition of Victims:

Lives alone	24	31.2%
Lives with one other person	33	42.9
Lives with two other persons	14	18.2
Lives with three or more persons	6	7.8

Table 3.3

Evidence of Physical or Mental Impairment
Among Aged Abuse Victims

Number of Symptoms of Impairment:

1 symptom	6)	
2 symptoms	4)	Total impaired: 17
3 symptoms	5)	(22.1%)
4 or more symptoms	2)	
None noted	60	

Nature of Symptoms:

Bedridden	6	7.8%
Can't perform personal hygiene	10	13.0
Can't prepare food able	13	16.9
Can't prepare own medicine	7	9.1
Emotionally impaired	22	28.6
Other	2	2.6

Table 3.4

Household Composition of Aged Victims

Household Members Mentioned	Frequency	Percent
Son, Son-in-law	22	28.6%
Spouse	16	20.8
Daughter, Daughter-in-law	11	14.3
Grandchild	15	19.5
Other Relative	8	10.4
Friend	3	3.9
Roomer	6	7.8
Landlord/lady	2	2.6

Table 3.5

Aged Victims' Contact with
Non-Household Family Members

Number of Non-Household Family Members with Contact:

1	23	29.9%
2	14	18.2
3	6	7.8
4	6	7.8
5 or more	2	2.6
None	13	16.9
Unknown	13	16.9

Family Members Who Have Contact:

Daughter	20	26.0%
Son	21	27.3
Brother	9	11.7
Sister	8	10.4
Grandchild	9	11.7
Son or Daughter-in-law	3	3.9
Other Relative-in-law	12	15.6

Means of Contact with family members (Multiple responses possible):

Visit	39	50.6%
Phone	35	45.4
Help with chores	6	7.8

Frequency of Contact (N=40)

Daily	6	14.3%
2-3/week	8	19.0
1/week	14	33.0
2/month	5	11.9
Less Often	11	26.2

Table 3.6

Aged Victims' Contact with Friends

Number of friends with contact:

1 Friend	8	10.4%
2 Friends	7	9.1
3 Friends	3	3.9
4 or more	5	3.6
not reported	54	

Means of contact by friends (N=35):

Visit	18	51.4%
Phone	14	40.0
Help with chores	3	8.6

Frequency of contact by friends (N=19):

Daily	7	36.8%
2-3/week	3	15.8
1/week	3	15.8
2/month	3	15.8
Less Often	3	15.8

Table 3.7

Characteristics of the Abuser

Residence of Abuser:		
Lives in victim's household	46	59.7%
Not in victim's household	26	33.8
Unknown	5	6.5
Abuser's relationship to Victim:		
Son	20	26.0%
Daughter	18	23.4
Spouse	9	11.7
Grandchild	3	3.9
Sister	4	5.2
Brother	1	1.3
Other relative	6	7.8
Friend	4	5.2
Roomer	5	6.5
Landlord/lady	1	1.3
Unknown	4	5.2
Age of abuser (N=50 cases in which age is known):		
<20	1	2.0%
20-29	9	18.0
30-39	4	8.0
40-49	12	24.0
50-59	10	20.0
60-69	11	22.0
70+	3	6.0

Chapter 4

CHARACTERISTICS OF THE ABUSIVE BEHAVIOR

Previous research has indicated that elder abuse is actually a variety of behaviors, all of which threaten the health, comfort, and possibly even the lives of elderly people. However, the nature of the threat and its effect on aged persons' health and comfort may take very different forms. In this chapter we will analyze the types of abuse which were uncovered in our study and analyze the characteristics of each and the family members most likely to engage in each type.

Types of Abuse and Neglect

Three major categories of abuse and neglect were included in our study. Two of these types can be further subdivided. The three major categories, with their subtypes are as follows:

1. Physical Abuse and Neglect includes those actions on the part of an individual which can bring about actual physical injury in an aged person. There are two aspects of this category:

   a. Direct Abuse includes actions which are direct attacks and are apparently deliberate. Included in this category are direct physical assaults (slaps, punches, beatings, pushes, etc.), as well as threats in which a weapon, such as a knife or gun, is directly involved.

   b. Physical Neglect includes the failure to provide an aged and dependent individual with the necessities of life: food, shelter, clothing, medical care. In fact, such neglect may be as injurious and life-threatening as a direct attack. However, the major difference lies in the fact that neglect does not appear to involve a deliberate attempt to injure.

2. Financial Abuse includes the theft or misuse of an aged individual's money or property. Examples would include the taking of money from a bank account; sale of a home without knowledge or permission; cashing a Social Security check and not returning the money to the recipient; and so on.

3. Psychological or Emotional Abuse and Neglect involves assault or the infliction of pain through verbal or emotional means rather than physical means. This also can be subdivided into two types:

a. Direct Psychological or Emotional Abuse involves verbal assault (screaming, yelling, berating), and threats which induce fear but do not involve use of a weapon.

b. Psychological or Emotional Neglect is less overt and less deliberate than abuse. It involves such behaviors as isolation, lack of attention, or deprival of rights. Again, it is sometimes difficult to draw a clear line between abuse and neglect.

In this section we will describe the types of abuse and neglect which were seen in the cases we studied, as well as the frequency of each type, the duration over which the abuse or neglect was endured, and the symptoms observed for each type.

Frequency and Duration of Abuse Types.

The frequency with which each type of abuse and/or neglect appeared in our study is shown in Table 4.1. Block and Sinnott (1979), in their study of elder abuse, reported that psychological or emotional abuse was the most frequent type of abuse of the elderly. As the table shows, this fact appeared in our study as well, with the largest percentage of cases (81.8%) suffering some type of emotional abuse or neglect. This pattern should be understood

in context, however. As can be seen from the table, mutliple abuse types in a single case were possible. In fact, the case which exhibited only one type of abuse was quite rare. Emotional or psychological abuse almost always accompanied the other types, as well as existing independently at times. Hence it is not surprising if we should find that it is the most common type of elder abuse. Since it often accompanies other types of abuse, there is a great need for service providers to look further in cases in which emotional abuse or neglect is found; for it is quite possible that another type may also be present but more difficult to identify.

Direct emotional abuse was found to be more common than emotional neglect (58.4% versus 23.4% of the cases). An early concern of the project had been the fear that we would generate a large number of "imaginary" abuse cases--elderly individuals who were unnecessarily demanding upon their families and defined themselves as abused when their demands were not met. The small percentage of cases in this category suggests that this was an unfounded concern. Most of the cases referred to the study appear to be genuine cases of abuse or severe neglect.

The second most frequent type of abuse was found to be financial abuse, suffered by about half of the cases in our study. The high prevalence of cases of financial abuse in our sample may arise, in part, from the fact that a legal aid agency reported the largest number of cases to the project. This would be the type of agency which would be very likely to be consulted by aged persons with various financial concerns, such as the claim that someone has stolen money or misused property.

Physical abuse and/or neglect proved to be the least frequent type of abuse suffered by the victims in our study. However, this type of victimization, with abuse and neglect combined, was still suffered by nearly half

of the victims in our sample (42.9%). Of this group, slightly less than half (19.5% of the sample as a whole) suffered direct physical abuse. The rest (23.4% of the sample) suffered physical neglect. We will describe the symptoms observed in the next section.

As Table 4.2 indicates, most of the cases referred to us were cases of current abuse. Sixty-one percent of the cases were found to have suffered the most recent incident during 1981, the year of the study. Another 24.7% had suffered the most recent incident during the immediately preceding year, 1980. Only 7.8% had suffered the most recent incident prior to 1980.

As can also be seen from the table, the abuse and neglect was not an isolated incident for most of the victims. Agency workers were asked to report on how many prior incidents of abuse or neglect were known to have occurred. About one-third of the workers said they did not know of any prior incidents or did not know whether there had been such incidents in the past. The rest, however, all said that prior incidents had occurred. Six percent of the victims were reported to have suffered one prior incident; 10.4% suffered two prior incidents, 2.6% suffered three; and 7.8% were reported to have suffered four or more prior incidents. However, in most of the cases (36.4%), workers reported that they could not specify an exact number of prior incidents of abuse which the victims had suffered. They could only state that they knew there had been "several" incidents prior to the most recent one.

Clearly these victims have endured abuse of one type or another over an extended period of time. This fact is further borne out when we look at the data on the period over which the abuse has extended. Only 10.4% of the victims were reported to have suffered abuse for six months or less. Another 14.3% were said to have suffered abuse for 7 to 12 months, with 3.9% enduring

it for 13 to 18 months and 7.8% for 10 to 24 months. Nearly 17% were reported to have endured abuse for more than two years. Again, the workers in about one-third of the cases were unable to specify any definite time period for the abuse, but could only comment that, to their knowledge, the abuse had continued for a substantial period of time. If we may assume that "a long time" probably indicates at least one year, then it would appear that about 60% of these victims have endured abusive family situations for a period of one year or longer.

Characteristics of Physical Abuse and Neglect

The most serious type of abuse and neglect is physical abuse and neglect, because of its direct threat to life and health. In this section we will describe the characteristics of the abuse suffered by the 33 victims of physical abuse and neglect in our sample. How many of these were direct abuse and how many were neglect? What were the nature of their injuries?

As noted earlier, just under half of the cases (15) were direct abuse. Workers were asked what symptoms they had used in identifying these cases of physical abuse. As Table 4.3 indicates, the majority of cases had been identified by the observation of from one to four symptoms, with 36.4% exhibiting one or two symptoms of abuse, and 27.3% exhibiting three or four symptoms. Another 15.2% showed five to ten symptoms, but 21.2% of the victims had had more than ten symptoms. One especially unfortunate victim was reported to have exhibited 22 symptoms of physical abuse.

The nature of these symptoms is also detailed in Table 4.3. It should be noted that these symptoms are not mutually exclusive, since several victims exhibited more than one symptom. The most common symptom exhibited was the

existence of bruises or welts, with 8 victims suffering this. Beatings were suffered by 4 victims. Five victims suffered cuts or wounds, and three each suffered bone fractures, internal injuries, and abrasions or lacerations. Two had sprains or dislocations, and two had burns or scalds. One victim had a skill fracture and another had shown evidence of having been frozen. At least two victims were reported to have died of their injuries, both from being pushed downstairs.

Thus the nature of the symptoms indicates that the physical abuse suffered by these victims was quite serious in character. There may have been only 15 victims of direct physical abuse, with another 18 suffering physical neglect. However for these 33 victims, the severity of the physical damage produced by the abuse was considerable. Although they are few in number, the suffering of these victims is sufficient to justify the provision of services geared to their needs.

It should also be noted that these are the victims who were uncovered by our project. One should also consider the fact that the data collection period lasted only six months, that not all agencies were able or chose to participate, and that there may be other victims who never go to a social agency or whose cases are not identified by the agencies with which they are in contact. In view of these facts, the additional victims needing services is likely to be even greater.

We move now to the question of physical neglect, represented by 18 cases in our sample. Three types of symptoms were used by the workers in identifying these cases. These included personal characteristics, symptoms related to the absence of medical care, and characteristics of the environment. In the area of personal characteristics, as Table 4.3 shows, the single most common

symptom of neglect was lack of personal care, exhibited by 11 victims. Ten victims showed symptoms of lack of food and five of lack of needed supervision. Other types of symptoms were evident in 16 cases. These included being tied to chairs, evidence of force feeding, lack of shelter, or poor housekeeping. One victim was locked in the bedroom at night. Another was highly malnourished in spite of having meals delivered daily; she was too confused to eat them and allowed them to rot.

Medical care related characteristics included: the lack of needed visits to the doctor, exhibited by 7 victims; a lack of various medical aids such as glasses or hearing aids, exhibited by 3 victims; and a lack of necessary medicine, exhibited by 4 victims. Turning to characteristics related to the environment, the presence of dirt in the house was the symptom mentioned most often, in 10 of the cases. In 4 cases, workers noted the presence of a urine smell in the house. The absence of any food in the home was mentioned in 2 cases, and in one case the worker noted that there was inadequate heat in the home. Other characteristics of the environment were noted in two cases. These included one case in which the house was untidy and cluttered, and another in which the victim lived in an unhealthy basement.

In summarizing the picture regarding physical neglect, it appears that the most common consequences of neglect for elderly persons are lack of personal care, lack of adequate food, and dirt in the home. Other common consequences are the inability to see a doctor when necessary and the lack of supervision when necessary. Less frequent were lack of medicine or medical aids, no food in the house, inadequate heat, or the smell of urine, indicating inadequate personal care.

It is more difficult to suggest means by which to deal with the problem of neglect than with direct abuse. Much neglect may indeed be indeliberate on the part of the caretakers. Or it may actually involve a situation in which the family of the aged neglect victim is placed in an untenable position. Often they may be unable to provide the degree of assistance and/or supervision which the aged person needs. Or, in fact, the aged person may resist the assistance offered, preferring to retain as much independence as possible. As Ward (1979:104) has noted, the transition from playing an active and independent role to playing a dependent one, especially when one is dependent upon one's own children or upon strangers in a formal agency, may often be more than a proud aged person can bear. In one case we saw, an aged couple was in considerable need of assistance, especially as a result of the wife's health. She had become bedridden and was unable to care for herself or the home anymore. Many offers of assistance had been made to the couple, but the husband insisted that his family took care of their own problems and did not need assistance from others. As a result, his wife was often lacking in the care and medical attention she needed. Clearly she was a victim of neglect. Yet the alternative would have been to force the couple to accept assistance, perhaps in the form of a visiting nurse, or perhaps the placement of the disabled wife in a nursing home. And this could be defined as a different form of abuse, since it constitutes deprival of their right to self-determination. Much neglect may in fact involve such difficult choices.

Financial Abuse

Some evidence of financial abuse was found in 42 cases, or a little over half of our sample. As Table 4.4 indicates, 28 cases (66.7%) showed one

symptom of financial abuse, while 25 cases (59.5%) showed two symptoms. Only 2 cases showed evidence of more than two symptoms. The most common type of financial abuse was theft of money, suffered by 21 victims (52.4%). This included cases such as the elderly woman whose granddaughter came to visit her and took her bankbooks, from which she then removed all of the money, or the man whose son stole more than $80,000 from him. It also included some cases in which the family members may have had some disagreement as to who was the actual owner of the money. An example is a case in which a son refused to repay $5,000 borrowed from his parents several years ago. The parents sought help from a lawyer in regaining their cash. The son, however, insisted that the money was rightfully his, either as a gift from his parents, for services he had rendered to them, or as his rightful inheritance.

The second most common type of financial abuse is the misuse of money which has been given to a family member for some purpose. The misuse of money was suffered by 20 victims in our sample (47.6%). This included cases such as the aged woman who gave money to her grandson to pay her bills. He then used the money for himself and his grandmother's bills remained unpaid.

Apparently property is more difficult for family members to obtain, because theft or misuse of property is less common than theft or misuse of money. And misuse of property is more common than theft of property, probably also because it is easier to misuse a relative's property than actually to take total control of it. Seventeen victims in the sample (40.4%) suffered misuse of property, and 14 victims (33.3%) suffered theft of property. An example of misuse of property is the case of man whose niece lived with him in his home and was charging him rent for living there. Direct theft of property is usually accomplished by trickery. Such a case was the aged

man who spoke only Spanish. His son convinced him to sign a document which, unknown to the victim, was actually the deed to the elderly man's house. The son then mortgaged the house and convinced his father that he must make the payments to the mortgage company in order to avoid losing his home. The aged man was making the payments, still convinced that the home was his, although legally, all rights to the home now rested with the son.

Twelve victims (28.6%) showed other evidence of financial abuse. These other cases included a variety of situations. In one case the victim was left with the responsibility for raising her grandchildren, which she could ill afford. Several victims had relatives or roomers living with them who refused to pay rent. One victim was part owner of a home which she wished to sell and the co-owner refused permission. Another had money in a savings account which was needed for her care, but a family member held control and refused to release the money.

To summarize the picture with regard to financial abuse, the most common type is theft of money, followed by misuse of money, misuse of property, and theft of property. In many of the cases reported to us, the value of the stolen or misused money or property was considerable, often representing the aged person's major savings, the family home, or money set aside for the payment of the aged person's necessary expenses. Many of the cases of financial abuse referred to the project were referred by a legal aid agency. It is probable that the major solution to financial abuse will also be legal in character. If money and/or property have been stolen or misused, the appropriate means of redress is through lawyers and the courts. If it became known that such means were available, it is also possible that much of this type of abuse would be avoided, since would-be abusers of elderly persons'

money and property would become aware that their victims had means for redress.

Emotional or Psychological Abuse and Neglect

As indicated earlier, the most common type of abuse and neglect observed in the victims in our sample was psychological or emotional. This problem affected 63 or 81.8% of the victims. About 30% of the victims exhibited one symptom of emotional abuse; 27% exhibited two symptoms; and 28.6% exhibited three symptoms. Fourteen percent showed four or more signs of emotional abuse (see Table 4.5). These symptoms can be divided into two types, those indicating direct emotional abuse and those representing less direct neglect.

Included in the category of direct abuse are verbal assault (yelling, severe criticism), verbal threats, and fear. Each of these symptoms was relatively equally represented in the sample. Verbal assault and fear were each experienced by 58.7% and verbal threats were experienced by 55.6%. In some instances these were all combined. One such case involved an alcoholic man whose wife was constantly fearful of her husband's behavior. He subjected her to constant threats and verbal assaults, including yelling, shouting, accusations, and criticism.

All of the types of direct emotional abuse were more frequent than the more indirect emotional neglect. The most frequent type of emotional neglect was isolation, suffered by 42.9% of the sample. Violation of rights through forced change of residence was suffered by 27% of the victims. Included here were forcing the individual to remain in the home against his or her will, or forcing a move out of the home, often to a nursing home, when the aged person wished to remain in the home. Again it is often difficult to determine whether this constitutes real abuse, or whether the alternative might not be more abusive. One victim insisted that her children had abused her and her

disabled husband by moving him to a nursing home; the children and the worker, however, claimed that the mother had abused the father and failed to provide him with proper care. They insisted that the move to the nursing home was in his best interest.

Other violations of rights were reported in 22.2% of the cases. These included an instance of an elderly nursing home resident whose son tried to prevent his marriage. Several victims were forced to stay in their bedrooms or prohibited in certain parts of the house. Some victims were prevented from visiting loved ones or were not given information concerning their loved ones' welfare.

With all types of emotional or psychological maltreatment, whether in the nature of direct abuse or more indirect neglect, the manner in which they should be handled presents serious questions of public policy. Physical abuse and neglect and financial abuse are overt actions which are threatening to the health, welfare, property, or even the life of other persons. As such, it may be expected that direct action on the part of public agencies may be taken to correct the abuse. The form which such action may take is debatable. Some would deal with domestic abuse through criminal action; others through legal action of a civil nature; still others through social programs of various types. But it is not difficult to defend overt action of some type as a remedy for injury caused by overt action causing physical injury or financial loss.

Emotional abuse or neglect is another matter, however. Much of the behavior in this area is very subtle. Most family life involves psychological or emotional conflict of some sort. This would usually be defined by the participants as "abuse." Further, members of families inevitibly feel, at times, that they are receiving less attention than they would like, or that

their rights have been violated in one way or another. These would be likely to be defined as "neglect." However, in most such instances, it would be difficult to determine which of the participants was the offender and which the victim, since each could probably claim that he/she is the real victim. In such cases it is difficult to justify the use of measures which force family members to redress the grievances of any given member, either old or young. Rather, these cases would best be handled by making social and psychological counselling services available to the family members to assist them in dealing with whatever difficulties they may have, including the claims of various members that they have been subjected to emotional assaults, threats, denial of rights, or isolation. Such voluntary treatment is preferable in all types of abusive and neglectful behavior. It is probably the only solution which is possible with psychological abuse or neglect.

The Abuser as Related to the Type of Abuse

One question which should be considered is the relationship between types of abuse and the abuser. Are certain types of abuse more likely to be inflicted by one type of abuser than another? As Table 4.6 indicates, physical abuse is most likely to be inflicted by the son, who was the suspected abuser in over half of these cases. This finding is contrary to that of an earlier study (Block and Sinnott, 1979:77), which found that most elder abuse was perpetrated by women. But this study also found that psychological abuse was most common, and this is the type of abuse in which daughters are more often involved, as we shall see. The remaining physical abuse is rather evenly divided among daughters, spouses, other relatives, and unrelated persons, each of which has one or two perpetrators. No siblings were involved in physical abuse. Physical neglect is more likely to be perpetrated either by

sons or siblings, but differences are very small.

The abusers most likely to be involved in emotional neglect are daughters (44.4%) and siblings (33.3%). It is interesting to note that no sons or unrelated persons were believed to be guilty of emotional neglect. It might be suggested that the persons accused of emotional neglect --- daughters and siblings --- are persons from whom the elderly would be most likely to believe they can expect emotional support. This would be particularly true of daughters. Emotional support, on the other hand, is not usually thought to be the responsibility of men, so parents would not be likely to express disappointment if their sons failed to provide such support. Neither would they be likely to expect such help from unrelated persons. Hence we suggest that the prevalence in this category of daughters and siblings may be due primarily to the expectations of the elderly rather than to a different type of behavior on the part of the alleged abusers.

Direct emotional abuse, on the other hand, is more characteristic of sons, who make up the major portion (29.5%) of the alleged abusers in this category. This type of abuse includes more direct action --- verbal assaults, creating fear --- and might be seen as more appropriate masculine behavior. This might account for the greater representation of sons in emotional abuse than in the more passive emotional neglect. Daughters, however, were almost as likely to engage in direct emotional abuse as their brothers (22.7% versus 29.5%). Unrelated persons (15.9%) and other relatives (13.6%) also appeared in considerable numbers.

Sons and daughters were also the most likely to engage in financial abuse, with each representing about one-fourth of the cases. Other relatives and unrelated persons were the next most frequent offenders (17.1% each).

The data suggest that the sons and daughters are the major perpetrators of most types of abuse, as they are of elder abuse as a whole. It was noted, however, that sons were more likely to engage in active, direct abuse. They were responsible for two-thirds of the physical abuse and nearly 30% of the emotional abuse. Daughters were also responsible for direct emotional abuse and were accused of a great deal of the indirect emotional neglect (44.4%). Other relatives and unrelated persons tended to appear as suspected accusers primarily in instances of direct abuse. They were less likely to be accused of neglect, probably because the aged victims do not depend upon them for help and would not recognize its absence as neglect.

Conclusion

To summarize, the most common type of abuse seen in our sample is emotional or psychological abuse, but this is in large part due to the fact that victims of other types of abuse are likely to suffer emotional abuse as well. Financial abuse was suffered by over half of the victims in the sample. Direct physical abuse was suffered by one-fifth of the victims, and physical neglect by one-fourth. For most of the victims the abuse has involved more than a single, isolated incident. Rather, several incidents of abuse have been suffered, over a period of several months or even years. Further, the abuse is a continuing pattern, with the most recent incident likely to have occurred within the past year.

Physical abuse and neglect may be the least common types, but the evidence suggests that those cases which do occur produce considerable pain and suffering for the victims. Physical abuse resulted in cuts, bruises, welts, burns, fractures, and internal injuries. Some victims died of their injuries. Physical neglect tended to have less serious consequences, primarily involving lack of personal care, food, or supervision. A serious problem which occurs

with physical neglect is the possibility that aged persons may require supervision and assistance, but their pride prevents them from accepting it.

Financial abuse is most likely to take the form of theft or misuse of money. Theft or misuse of property was less frequent, probably because it is more difficult for family members to obtain control of property. More legal assistance for the elderly would help to prevent such misuse or theft of their money and property.

Emotional or psychological abuse or neglect, while it is the most common type of abuse, is also more difficult to handle in terms of public policy. Agency action may be appropriate to deal with direct physical injuries or threats or financial loss. The same action to deal with emotional threats, however, raises serious questions of invasions of privacy. Psychological abuse or neglect, more than any other type, is likely to be handled only through counselling or persuasion.

Certain types of abusers were more likely to be associated with specific categories of abuse. Sons were more likely to engage in direct abuse, both physical and emotional. Daughters were also responsible for direct emotional abuse and were accused of much of the emotional neglect, probably because parents often depend upon their daughters for emotional support more than their sons. Distant relatives and unrelated persons were sometimes involved in direct abuse but were rarely accused of neglect, probably because of a lack of expectations of assistance from them.

While it is not clear that family abuse and neglect affects a large proportion of the elderly, it can be said that the problem of abuse and neglect has fairly severe consequences when it does occur. It would appear that measures to identify and assist victims are a serious need.

Table 4.1

Type of Abuse Suffered by Aged Abuse Victims

Type of Abuse (N=77):			
I. Total Physical	33(42.9%)	(Abuse	15(19.5%)
		(Neglect	18(23.4%)
II. Total Financial	42(54.5%)		
III. Total Emotional	63(81.8%)	(Abuse	45(58.4%)
		(Neglect	18(23.4%)

Table 4.2

Recency and Duration of Abuse for Aged Victims Studied

Year of Most Recent Incident:		
Before 1980	6	7.8%
1980	19	24.7
1981	47	61.0
Unknown	5	6.5
Number of Prior Incidents:		
None	14	18.2%
1	5	6.5
2	8	10.4
3	2	2.6
4 or more	6	7.8
Many (unspecified)	28	36.4
Unknown	14	18.2
Length of Time Abuse has Continued:		
6 months or less	8	10.4%
7-12 months	11	14.3
13-18 months	3	3.9
19-24 months	6	7.8
More than 2 years	13	16.8
Long time (unspecified)	24	31.2
Unknown	12	15.6

Table 4.3

Symptoms of Physical Abuse and Neglect

Number of Symptoms Noted (N=33 cases):		
1 or 2	12	36.4%
3 or 4	9	27.3
5 to 10	5	15.2
11 or more (max. = 22)	7	21.2
Type of Symptoms Oberved:		
Symptoms of Direct Physical Abuse (N=15 cases):		
Bruises, welts	8	53.3%
Beatings	4	26.7
Cuts, wounds	5	33.3
Internal injuries	3	20.0
Bone fractures	3	20.0
Abrasions, lacerations	3	20.0
Malnutrition	3	20.0
Sprains, dislocations	2	13.3
Burns, scalds	2	13.3
Freezing	1	6.7
Skull fractures	1	6.7
Symptoms of Physical Neglect (N=18 cases)		
Personal Characteristics:		
Lack of personal care	14	77.8%
Lack of food	11	61.1
Lack of supervision	7	38.9
Other	16	88.9
Medical Care Related Characteristics:		
Lack of required doctor visits	7	38.9%
Lack of glasses, hearing aids, etc.	3	22.2
Lack of medicine	4	16.7
Characteristics Related to Environment:		
Dirt in house	10	55.6%
Urine smell	4	22.2
No food in house	2	11.1
Inadequate heat	1	5.6
Other	4	22.2

Table 4.4

Symptoms of Financial Abuse

Number of Symptoms Observed (N=42 cases):		
1	28	66.7%
2	25	59.5
More than 2	2	4.8
Type of Symptom:		
Theft of money	22	52.4%
Misuse of money	20	47.6
Misuse of property	17	40.4
Theft of property	14	33.3
Other	12	28.6

Table 4.5

Symptoms of Emotional or Psychological Abuse and Neglect

Number of Symptoms Observed (N=63 cases):		
1	19	30.2%
2	17	27.0
3	18	28.6
4 or more	9	14.3
Type of Symptoms Observed:		
Direct Psychological Abuse:		
Verbal Assault	37	58.7%
Threats	35	55.6
Fear	37	58.7
Other	8	12.7
Psychological Neglect:		
Isolation	27	42.9%
Forced Change of Residence	17	27.0
Other Violation of Rights	14	22.2

Table 4.6

Abuse Type by Suspected Abuser

Suspected Abuser	Abuse Type: Physical Abuse	Physical Neglect	Emotional Neglect	Emotional Abuse	Financial Abuse
Spouse	(1) 6.7%	(1) 8.3%	(1) 11.1%	(4) 9.1%	(3) 7.3%
Daughter	(2) 13.3	(2) 16.7	(4) 44.4	(10) 22.7	(11) 26.8
Son	(7) 53.3	(3) 25.0	-0-	(13) 29.5	(11) 26.8
Sibling	-0-	(3) 25.0	(3) 33.3	(4) 9.1	(2) 4.9
Other Relative	(2) 13.3	(1) 8.3	(1) 11.1	(6) 13.6	(7) 17.0
Unrelated	(2) 13.3	(2) 16.7	-0-	(7) 15.0	(7) 17.0
Totals	(15)	(12)	(9)	(44)	(41)

Chapter 5

ABUSING FAMILIES: MANY PROBLEMS FOR MANY YEARS

In preceding chapters we have discussed the characteristics of the abuse victims, their families and friends, and the nature of the abuse they suffered. However, these factors do not suggest the causal process which may be operating in the development of elder abuse. In order to deal effectively with the problem, we must develop some understanding of the factors which produce abuse. Why does abuse exist in some families and not in others? What types of families are more likely to abuse? In a study of this type we can establish no final conclusions. However, we attempt in this chapter to suggest some of the factors which appeared to be in operation in the families of the abuse victims reported to us.

Family Problems of Aged Abuse Victims

Some experts have suggested that child abuse occurs more frequently in families which are experiencing a multitude of problems (Justice and Justice, 1976: 25-30). They believe that a family is more likely to engage in abusive behavior toward their children if they have had a number of problems to deal with in a short period of time. It is possible that a similar situation may exist in families characterized by elder abuse. That is, abuse of the elderly may exist in families which are plagued with a large number of problems, serious and otherwise.

Consequently, victims interviewed were asked to indicate whether they or members of their families had experienced any of a list of 46 possible problems in the past year. The problems included such items as death of a spouse or other family member, the existence of debts both large and small, change in or loss of a job, changes in living arrangements, and so on.

As Table 5.1 indicates, one characteristic of these victims is the large number of problems they or their families had experienced. Twenty per cent of the interviewees told us that members of their families had experienced 20 or more of these problems in the past year. Another 30% reported having had from 11 to 19 problems; 35% had from 5 to 9 problems; and only 15% had had less than 5.

Clearly we can characterize these victims' families as "multi-problem" families. It is probable that the abuse of the aged person could not be corrected until the accompanying problems and tensions in the family had been alleviated as well. As has been found with other types of domestic violence, treatment of the entire family and its problems is necessary before the abuse can be eliminated.

Several previous studies (Block and Sinnott, 1979; Douglass et al., 1980; Lau and Kosberg, 1979), and our own as well, have examined agency workers' perceptions of the difficulties of aged abuse victims. Our interviews with victims provided a unique opportunity to investigate the manner in which the victims themselves viewed these difficulties.

We did not consider it wise to address the abusive situation directly. However, all victims interviewed were asked to tell us what their three most serious problems of the past month were, and then to tell us which one upset them most. It is interesting to note that the majority of the abused elders we talked to did not mention the abuse as the major problem in their lives. Only 30% listed the abuse they had suffered as the worst thing that had happened or the most bothersome problem for them (see Table 5.1).

It is also interesting that in several of these instances, the abuse was financial in nature. Presumably financial abuse is fairly obvious and straightforward in character (more so than psychological abuse, for example), but it is also less emotionally difficult to admit or discuss than physical or psychological abuse.

For another 25% of the victims, the worst problem mentioned was similar to the abuse reported. For example, an aged victim with an alcoholic daughter who subjected her to severe psychological abuse cited her "relationship with her daughter" as the worst problem, rather than the specific abuse or the alcoholism. Another victim, physically abused by her husband to the point of requiring hospitalization, listed as her major problem the fact that her husband did not respect her.

In these cases it is apparent that the victims are viewing the abusive situation in more global--- and perhaps more realistic--- terms. They appear to recognize that the problem does not stem from a single abusive incident but rather from the entire pattern of the relationship between themselves and the other members of their families.

In contrast, 45% of the victims mentioned major problem areas quite different from the abuse suffered. In one instance, a victim had a schizophrenic son who beat her and other children who neglected her; her most distressing problem, she said, was that she had no friends. In two other cases, the victims had children who were verbally abusive, and one was even physically abusive; both claimed their most disturbing problem was the fact that the house was dirty. Still another case was an elderly, disabled man whose wife and children had taken all his money and abandoned him; his main problem, as he saw it, was the fact that the landlord critcized him.

One might conclude, from these instances, either that the aged person finds the abuse so unsettling that he/she is unable to admit how upsetting it really is, or conversely that they have concluded that the abuse is inevitable and nothing can be done about it. Consequently, they may focus on the more mundane, less important items about which something can be done, certainly a very healthy approach in the face of insurmountable difficulties.

To conclude our picture of the family problems of abused elders, it appears that the families of these victims have been beset by a large number of problems in a relatively short span of time. We suggest that alleviation of these other problems is required for a long term solution to the elder abuse. Further, it appears that most of the abuse victims define their most serious family problems in terms other than the direct abuse observed. For some this may represent a denial of the problem or a resignation to its inevitability. For others it seems to indicate a recognition of the fact that the abuse is simply a segment of the much broader character of the difficulties they and their families face.

Violent Experiences and Attitudes of Victims

It has been suggested by some authors that domestic abuse is part of a general pattern of "normative violence," in which violent behavior is accepted, even approved, as a normal part of family life. This was an area which we wished to investigate among our interviewees. Are these victims persons who are more likely to use and approve of violent behavior, especially in family relationships?

We asked the victims if they had ever been punched or hit, or if they had ever been threatened with a knife or gun. These could include the abuse reported, other family incidents, or incidents outside the family. Table 5.2 shows that 45% of these elderly people reported that they had been punched or

hit. Ten percent had been threatened by another person wielding a knife. What is most shocking is the fact that 35% of these aged persons had, at one time or another, been threatened with a gun. In contrast, a study of domestic violence using a national random sample found that 10% of persons had been hit or kicked some time during their marriages, and 4% had been threatened with a knife or gun (Straus et al., 1980:33). While the studies are not totally comparable, the national data do suggest that our victims had considerably more violence in their background.

Apparently these are people for whom violent behavior is not unusual. In fact, one of our interviewers became somewhat dismayed at the comments of one respondent. This elderly gentleman patted his pocket and announced: "I got my gun right here. I always carry my gun 'cause you can't trust nobody!" If these people are part of a "subculture of violence", it would not be surprising if they came to accept violent action as "normative" or appropriate (Wolfgang and Ferracuti, 1967:271-284).

We can get some idea of the views of the elderly abuse victims from the data in the second part of Table 5.2. We can see that 55% of the victims interviewed believe that disagreements in families are normal. Certainly it is not surprising that families with abuse severe enough to come to agency attention would consider family disagreements to be normal. The reverse is interesting, however, for 45% of the victims either did not believe or were not sure that family disagreements were normal. Clearly some of these aged victims believed their families should be more placid than they are.

There is some disagreement among these elderly victims regarding the manner in which family disagreements should be handled. Thirty-five percent of the victims believe that families should deal with their disagreements through discussing them among the members of the family. However, most (55%)

were reluctant to state that members of families should discuss the points on which they disagree. It is possible that this may represent a basic philosophy that families should be placid groups in which disagreements should not be brought into the open. However, opposition to the discussion of disagreements may result from a realistic appraisal of the seriousness of the disagreements, the volatile tempers of family members, and the futility of any efforts at resolution.

If these victims do not believe in discussing disagreements, how do they resolve family conflict? Is force an appropriate method? Victims were asked whether they believed children should be spanked, and whether they believed force was sometimes necessary to get what one wanted. If they answered "yes" to either question, they were considered to believe force was appropriate in families. Forty five percent of the victims believed that force was appropriate in families. Hence for nearly half of this sample of victims family violence is normative. One might wonder whether belief in spanking children is a good measure of the appropriateness of violence in families, since spanking of children enjoys the support of a large proportion of the population (over 70%; cf. Straus et al., 1980: 55). However, it is quite likely that a parent who regularly spanks his or her children may be teaching them that violent behavior may be used by the strong against the weak. And adult children may turn this force against their parents when the balance of power is reversed in their parents' aging years.

Another area of conflict resolution over which family members may differ is the appropriateness of getting outside help for family problems. Some people consider it quite legitimate for families to seek outside help in time of trouble, while others believe that it is disgraceful if a family cannot

handle its own problems internally. It has been suggested that abusive parents tend to be people who are lacking in such helpful contacts outside the family. As Table 5.2 shows, the majority (60%) of the victims in our study considered it appropriate for families to get outside help. One might hope that, for this group at least, it might be possible to break the cycle of violence that plagues them. However, it should be noted that these cases were referred to us through agencies, so it is not surprising that they support getting outside help. One wonders how many other aged abuse victims remain in their misery because of a belief that families should handle their own problems, and getting outside help is a disgrace. In fact, the families of some victims attempted to prevent--- often successfully --- research interviews or agency intervention in their parents' problems, because of a belief that family matters should not receive outside attention.

In summary, these aged abuse victims appear to come from quite violent settings. Nearly half of them have been punched or hit; a few have been threatened with a knife; and an astoundingly large number have been threatened with a gun. There was no clear picture which emerged, however, concerning the nature of conflict in families and how it should be resolved. Slightly over half believed disagreement was normal in families; just under half believed that force was normal. About two-thirds were reluctant to see families discuss their disagreements, possibly because they have found such discussions non-productive. Finally, a majority of these victims were willing to accept the notion that outside help should be obtained if families could not handle their problems alone, a view which the victims' families did not always share.

Family Situations Conducive to Abuse

The nature of the problems which the aged victims of abuse encountered were often extremely serious and burdensome, as will be illustrated by a few of the cases uncovered in our study. Certain family situations in particular emerged as establishing a likely setting in which elder abuse may occur. These may be summarized as follows:

1) The abuse of alcohol or drugs by a member of the family (including the aged person) has the potentiality for producing physical, emotional, or financial abuse.

2) The presence of mental or emotional illness on the part of family members is also capable of producing abusive situations.

3) Some elder abuse is a manifestation of a generally abusive pattern on the part of the whole family, a pattern which appears to have continued for a number of years.

4) While most of the abuse we found was inflicted by a child of the victim, certain situations between spouses were particularly likely to result in elder abuse by a spouse. One particularly dangerous situation exists when one spouse is considerably younger and/or stronger than the other.

5) Precipitation of the abuse by the victim was found infrequently; however, it does appear in a sufficient number of cases to require consideration.

6) Financial need and/or greed on the part of members of the family produces considerable abuse, much of it financial, but also involving other types of abuse.

7) Taking in of strangers or near-strangers into one's household without sufficient knowledge or inquiry into their backgrounds is also capable of of generating elder abuse.

Substance Abuse

Two cases will illustrate the role which substance abuse may play in generating elder abuse. Mrs. 109, a lady with heart trouble and widowed only a few months, was serving as the guardian of her three grandchildren, a task for which her health and mental state at the time did not really equip her. She had taken over the care of her grandchildren, all in their teens or immediate pre-teens, because her divorced daughter was an alcoholic and incapable of caring for them herself. The grandmother was subjected to emotional abuse by her daughter, who lived near, visited almost daily, and resented her mother's inteference in the care of her children. Mrs. 109 was also dealing with the difficulties of caring for three active youngsters who had recently suffered the trauma of their parents' divorce and their mother's drinking. Her doctor had advised that her health would not permit this situation to continue, yet she did not feel free to return the children to their mother. She was referred to us by the minister of her church, who was trying to find a solution to the problem.

Another example of alcohol related abuse is Mrs. 112, whose alcoholic grandson lives with her on occasion. Mrs. 112 often gives her grandson money with which to pay her bills and the grandson uses the money for his own needs. Mrs. 112 is also an example of the fact that abuse of the elderly is often a continuation of abuse which has gone on for several years, for Mrs. 112 reported that she had been physically abused by her husband when he was alive.

Mental or Emotional Illnees

Another type of family pattern which generates abuse of the aged members of the family is the existence of mental or emotional illness on the part

of a member of the family. Mrs. 103 is an 81 year old lady whose daughter is emotionally ill and has been under a psychiatrist's care for several years. The daughter subjects her mother to constant verbal abuse and has also stolen money.

An even sadder case involved a lady whose son lives with her, is a schizophrenic, and has beaten her severely. She is also neglected by her daughter who calls her on the telephone but refuses to visit her mother. The daughter's behavior sounds inconsiderate, but the agency reporting the case found that the daughter had also been beaten by her brother in the past, and the daughter avoids visiting her mother out of fear of her brother. Thus the mother is not only subjected to the mental and physical abuse meted out by her son, but is also deprived of the companionship of her daughter who fears for her safety if she visits when her brother is there. Yet she is reluctant to deprive her emotionally ill son of a place to live.

Whether she would be successful if she were to ask him to leave is another question. Such an action might place her in the position of another case we studied. Mrs. 124 also had an emotionally ill son whom she evicted from her home. Yet the son kept returning and often broke into the home while the mother was at work. Mrs. 124 had sought legal assistance from several sources in order to remove her son from the home. She had already sought the help of the county prosecutor and had tried to have her son committed to a mental institution. As of the date of our study Mrs. 124 was still seeking assistance in freeing herself from the abuse of her mentally ill son.

Long-Term Abusive Patterns in the Family

Perhaps the most tragic cases which our study uncovered were those in which there was evidence of a long-term abusive pattern in the family, in

which abusive behavior continued for the duration of a marriage, or was passed down from parents to children, and the victims of abuse alternated between one generation and another. Mrs. 100 is a lady in her 60s, recovering from a stroke suffered two years ago. She had been abused by her mother as a child, and had married a man who abused her for most of her married life. The incident which brought her to the attention of the study was a hospitalization following a home "accident" in which she had allegedly fallen down the stairs. Unlike many abused elders, Mrs. 100 was quite open in indicating that she had actually been pushed down the stairs by her husband. In planning for her release from the hospital, the hospital staff attempted to develop alternative living arrangements, so that Mrs. 100 would not have to return to her abusive husband. They arranged for her to live with her daughter instead. However, our interview with Mrs. 100 indicated that this may not be an altogether satisfactory arrangement, since Mrs. 100 told us that her daughter's husband was even more abusive than her own husband. Hence this family is now in its third generation of abuse, and is rearing a fourth generation of young people who view abuse as a well-established and seemingly appropriate dimension of family life.

Another manifestation of this family-based abuse pattern is the case of Mr. 159, one of the male victims our study discovered. Mr. 159's daughter had had her children removed from her custody because she had abused them. Subsequent to the removal of her children, she assumed a role in the care of her father who was somewhat of an invalid. Mr. 159's case came to light when the daughter poured boiling water over her father, scalding him badly.

Cases such as this suggest that the common pattern of removing a victim from an abusive situation does little to resolve the situation.

While it may protect the specific individual victimized at a given time, it does nothing to assist the abuser in controlling his/her behavior. As a result the abuse may simply be transferred to another likely victim: from child to aged parent, from aged parent to spouse, or perhaps to an unsuspecting friend or neighbor.

Abuse by Spouse or Lover in Old Age

While abuse by children was more common, we did see several instances in our sample of abuse in marital or pseudo-marital relationships. This type of abuse was especially common in cases in which one member of a couple was either considerably older or more infirm than the other. We have already seen the example of Mrs.100 who had had a stroke and whose healthy husband pushed her down the stairs. In this case the victim was a woman, the abuser a man. However, in several of the cases of this type which we saw, the usual domestic violence sex roles were reversed, with the woman being the abuser and the man the victim. In two separate cases we saw evidence of children removing an infirm father from the home because they saw evidence that their mother was abusing their father, either emotionally or physically or both. In both instances the mother claimed that her children were abusing her because they had deprived her of her husband's presence in the home. Yet in one instance a medical examination showed clear evidence of malnutrition in the father, whose condition improved greatly after being removed from his wife's care. A case worker reported that one of these women had stated that her husband had made her suffer for most of her life and it was now his turn to suffer In still a third case, the wife and children together took the husband's money and abandoned him.

Another situation which portends a strong tendency for abuse is the life style of the aged single male. Whether widowed, divorced, or never married, these men often find that their ability to attract women has drastically decreased; yet they still have the same sexual needs and desire for female companionship. As a result they often place themselves in situations in which they can easily be taken advantage of by younger women, who promise companionship and sexual favors and then abuse them, usually by stealing money.

Victim Precipitation Among the Elderly

A common explanation which is usually given for domestic abuse is that of victim precipitation: the victim "asked for it." That is, through his/her own misbehavior or goading, the victim forced the offender to take revenge. This view is found often with regard to spouse abuse (Gelles, 1974a: 59; 85-86). We found little evidence of this situation among the aged victims we studied. Only 8 (10.4%) of the cases gave clear evidence of mutual abuse; in another 25 (32.5%) it was unclear as to whether mutual abuse had occurred (Table 5.3). However, these cases together constitute 33% in which there is a possibility of mutual abuse, and these merit some attention.

Some service providers believed abuse to have been precipitated by the victim, at least in part, when an aged parent attempted to retain more control over his/her children than most young adults were likely to allow. It is interesting to note that 4 of the 8 cases of mutual abuse involved sons, possibly rebelling against such parental control. In one case we studied (Mrs. 152), an aged woman had been abused by her husband who was schizophrenic. The son continued the father's abusive pattern after the father's death. However, the referring agency also noted that the mother and son had an extremely

psychologically dependent relationship, and the son wished to get married. The abuse of the mother occurred when the mother attempted to block the marriage.

In another mother-son case (Mrs. 150), the mother was described as an extremely religious woman who had been "saved by Jesus," and who wished to convert her son as well. She constantly berated her son in an attempt to force him to give up his sinful ways. He responded by abusing her psychologically, his most defiant act being to bring his girlfriend to his mother's home and have sexual relations with her in front of his mother. In cases such as these, agency workers suggested that the abuse would probably not have occurred, or would not have been so traumatizing, if the elders had not engaged in the provocative behavior. In one such instance, the worker commented: "Mrs. 150 is her own worst enemy." In such instances also, it is clear that the abuse is not likely to cease unless the elderly person can be induced to give up, at least to a degree, the behavior which provokes the abuse.

It is also interesting to note that in all but one of the 8 clear cases of mutual abuse, the victim's abusive behavior was reported by the worker to have been psychological in character. In the other case, multiple abuse types were involved. It is difficult to justify the serious physical and other abuse which is inflicted on some of these victims by pointing to existence of psychologically abusive behavior on the part of the victim.

Financial Need or Greed

A considerable amount of the abuse we uncovered appeared to be provoked by financial need and/or greed on the part of one or more members of the family.

The time of a death and the distribution of the decedent's property seemed to be a particularly vulnerable time for an elderly person to be victimized in this way. Abusers included siblings, spouses, grandchildren, and unrelated persons as well as children.

The most frequent abusers in this type of setting were still the children, however. In one instance (Mr. 136), a son was known to have taken $80,000 from his father's bank account while his father was in a nursing home. The father, a widower, then decided that he would like to marry a co-resident of the nursing home. The son, fearful that the prospective wife would receive a share of the remaining property, attempted to block his father's marriage. Another man (Mr. 160), who spoke only Spanish, was induced by his son to sign over his home to him. The son then mortgaged the home and informed the father that he must make the payments or lose the home. Handicapped by his lack of knowledge of English, the father was making the payments, believing that the home was still his own. In one of the most pathetic cases of financial abuse we uncovered, the abuser was a great granddaughter about 20 years of age, who visited her great-grandmother (Mrs. 158) quite frequently. The elderly lady, flattered by her great-granddaughter's attention, failed to watch the young lady while she was in her house. The great-granddaughter proceeded to go through her great-grandmother's records and find her bank books, which she then used to empty her great-grandmother's accounts. We also saw an instance of an aged brother and sister, both deaf-mutes, in which the brother was stealing his sister's vital papers.

In a few of these cases it appears that there may indeed be true financial need on the part of one or more members of the family which occasions the temptation to take money from the aged person, who is probably seen as having little use for it. In most instances, however, such as in the case of the son who had already taken $80,000 and still wanted to insure that he would receive the rest, it is impossible to escape the conclusion that downright greed motivates the actions.

Opening One's Home to Strangers or Near-Strangers

One hears a great deal about the fear of crime which pervades the aged population (Sundeen and Mathieu, 1976: 55-57). One would think, therefore, that they would be extremely cautious in admitting unknown persons to their homes. Upon occasion, however, aged persons may be less cautious, often with sad results. Elderly people often find themselves alone, either without family nearby on whom they can rely, or with family who cannot or will not assist them. Hence they may be willing to trust a friendly outsider who offers assistance, perhaps more willing than might be altogether prudent. One lady, a stroke victim, was unable to remain alone after her return from the hospital. She and her family arranged for a homemaking service agency to provide care in her home, but as the cost became prohibitive, they accepted the offer of a distant relative to come into the home and provide this service at a lesser cost. Unknown to the family, however, the willing housekeeper was a drug addict. She was extremely abusive to the aged lady, screaming at her and refusing to assist her in going to the bathroom or the bedroom, and even attacking her physically. Another aged lady, Mrs. 138, took in a boarder who was presumed to be a good risk; however, she kept late hours amd was

very loud, making it difficult for the elderly landlady to sleep. Upon being asked to move she refused and the lady had to get legal assistance to get her out of the house.

Such instances make it clear that extreme caution should be exercised by aged persons before taking anyone into their home or their confidence. With family and close friends, they are likely at least to have some idea of the person's behavior patterns and the likelihood of risk. With strangers, they often will not know anything about the risk until after it is too late.

Conclusion

One factor which stands out in analyzing the family patterns of the elder abuse victims was the fact that these were families with a large number of problems, large and small. They were what have been called "multi-problem" families. In terms of the victims' perceptions of their own problems, it was noted that only about half of them indicated, either directly or indirectly, that the abuse they suffered was their most serious family problem. The others focused on some other problems. Possibly the abuse was too painful to discuss or they considered it hopeless and were focusing on more attainable goals.

We also found that violent behavior was not a novel experience in the background of the victims and their families. A substantial number reported having been punched, hit, or threatened with a knife or gun. They tended to be evenly divided on the question of whether it was advisable to discuss differences of opinion, and whether the use of force was appropriate in families. The majority believed families should get outside help,

but the few family members we met tended not to share their views.

Finally, we identified seven family situations which were conducive to abuse. They included: substance abuse; the presence of mental or emotional illness; a generally abusive situation in the family; financial need or greed; taking strangers or near-strangers into the home; and an occasional instance of victim precipitation. In addition, although abuse by children was the most common type, spouse abuse among the aged was also found, especially when there was a substantial age difference between spouses.

Clearly the abused aged and their families have had a great many difficulties to deal with. As has been suggested, it is unlikely that domestic abuse of the elderly can be dealt with simply by moral condemnation of the abusers (Block and Sinnott, 1979; Douglass et al, 1980). Rather it will be necessary that support services be made available to older people and their families, such that their problems do not become too burdensome.

Table 5.1

Family Problems of Aged Abuse Victims

Number of Problems Mentioned (46 possible responses):

20 or more	4	20%
11 - 19	6	30
5 - 9	7	35
less than 5	3	15

Similarity of Victim Reports of "Worst" Family Problem to Agency Abuse Report:

Victim Report Same as Agency Report	6	30%
Victim Report Similar to Agency Report	5	25
Victim Report Different from Agency Report	9	45

Table 5.2

Violent Experiences and Attitudes of Victims Interviewed

Victim Reports of Violent Experiences:		
Have Ever Been Punched or Hit	9	45%
Have Ever Been Threatened With a Gun	7	35
Have Ever Been Threatened With a Knife	2	10
Victim Attitudes on Family Dispute Settlement:		
Disagreement in Families is Normal	11	55%
Families Should Discuss their Disagreements	7	35
Force is Appropriate in Families*	9	45
It is Appropriate for Families to Get Outside Help	12	60

*Agreement with either: "children must be spanked" or
"sometimes you have to fight to get what you want"

Table 5.3

Agency Worker Reports of Mutual Abuse in Aged Abuse Cases

Worker Believes Mutual Abuse Occured:		
Yes	8	10.4%
No	44	57.1
Can't tell	25	32.5
Person with Whom Mutual Abuse Allegedly Occured: (N=8)		
Spouse	2	25.0%
Son	4	50.0
Sister	1	12.5
Several persons	1	12.5
Aged Victim's Role in Alleged Mutual Abuse:		
Psychological	6	75.0%
Violation of Rights	1	12.5
Several types	1	12.5

CHAPTER 6

THE AGENCIES AND THEIR RELATIONSHIPS WITH THE VICTIMS

For most people the family is the major source of assistance in time of need. This has been shown to be true of the elderly in particular (Troll, 1971; Shanas, 1979). However, when the family is the source of the aged person's problem, the major source of assistance must be outside of the family. Social agencies are the major source of such help. In this section, we will analyze the nature of the agencies reporting cases of elder abuse and the relationships which they have with the victims they serve.

As we noted previously, one of our initial project goals was to ascertain the degree to which elder abuse was seen among agencies in the Detroit area and to identify those agencies which were in contact with such victims. A questionnaire was mailed to 302 Detroit area agencies which might be in contact with such persons. In the following section we present a brief description of the 23 agencies from this survey which reported that they had cases of elder abuse victims in their files during February, 1981. The reader is referred to Appendix G for a more detailed discussion of these findings.

Of the 23 agencies reporting that they had cases of elder abuse victims in their files for February, 1981, most (14) reported that they had one or two cases (see Table 6.1). Three agencies noted that they had three or four active cases. In addition, six agencies reporting stated that they had case loads greater than this, all but one of these having between 10 and 19 cases. The final agency reported cases covering a geographic area larger

than the study area. By extrapolation, it was estimated that this agency saw about 172 elder abuse cases in the Detroit area. Agencies reporting the largest number of elder abuse clients were public health departments, state funded social agencies, and agencies primarily concerned with the aged. Male victims accounted for 35% (86) of the cases reported, while females accounted for 65% (160). Other studies (Block and Sinnott, 1979) have also shown that most victims are female. In addition, the agencies reported that 16 (6%) of the cases involved abuse so severe as to require emergency shelter to escape the abusive setting.

Since we do not have data concerning the total number of cases of all types seen by the agencies reporting cases of abuse, it is impossible to estimate the proportion of agency cases suspected of involving elder abuse. Neither can we estimate the total number of cases of elder abuse in the Detroit Metropolitan area, since the percentage of abuse cases coming to the attention of agencies is not known. However, these figures represent a total of 266 cases of elder abuse in Detroit area agency files during a one month period, 198 of which were actively seeking agency assistance. Assuming that most cases remain in agency files for a three-month period, we estimate that these cases represent approximately 1,064 elder abuse cases identified by such agencies annually.

We must note, however, that only a limited number (13) of agencies responding to the survey stated that they maintained statistics concerning the existence of abuse among their elderly clients (Table 6.2). Thus it is probable that our estimates underestimate the extent of elder abuse in the Detroit area. This belief rests on the findings of others (Cf. United Community Services of Metropolitan Detroit, 1980) that agencies which do not look

for certain types of problems and maintain records concerning their prevalence may consistently overlook these problems in dealing with clients all together. Consequently, while we feel that our mail survey was able to shed some light on the problem of elder abuse, we are also aware that it is limited in some respects.

In addition to the other areas of elder abuse which we have just described, data were also collected concerning the ways in which cases came to the attention of agency personnel (Table 6.2). Sixteen agencies noted that a report by the client of his abuse was at least one of the means by which the abusive situation was identified. Seven agencies reported that they learned of the abuse through a report from another agency. Physical symptoms such as cuts and bruises were a source of identifying abused elders for five of the agencies, while three mentioned that they became aware of elderly victims from police reports. Ten agencies noted that "other" means of identifying abused elders were also used. These other means included symptoms of neglect such as malnourishment in an elder not living alone, and reports from family members, neighbors and friends. In addition, dentists were particularly mentioned by some agencies as a source of referral. Most agencies (17) reported that two symptoms of abuse were present in cases in which they had identified as abused elders.

Victim Services: Dependent upon Agencies and Workers

The first point which must be made is the fact that some agencies, and some workers in every agency, are more likely to identify abuse cases than are other agencies or workers. An analysis of the types of agencies and workers who described cases to us will illustrate this point.

As Table 6.3 shows, the largest number of cases by far was reported by a legal aid agency, which reported 30 cases, or nearly 40% of the cases. There are two reasons for this prevalence. One is the fact that a legal aid agency would be very likely to be consulted by persons with serious physical and/or financial abuse in an effort to deal with the problem. Second, it was quite clear that two workers in this agency were very concerned about the abuse, to the extent of rereading old case records in order to make accurate reports on the cases. This agency vividly illustrates the fact that agency service to elderly abuse victims is quite dependent on two factors: the nature of the agency and the interest of the individual worker.

Agency Type and the Observation of Abuse

As noted earlier, some authors suggest that agencies are more likely to observe abuse in the area they are accustomed to treating (Douglass, et al., 1980). Our data provide some additional support for this view. As Table 6.4 shows, one out of four instances (26.7%) of physical abuse was reported by the health agencies.* Only the legal aid agencies, which reported the largest number of abuse cases by far, reported a larger percentage of physical abuse cases (33.3%). One would expect health related agencies to be more likely to note physical abuse since they would be called upon to treat the resulting injuries and are accustomed to observing such symptoms.

Physical neglect, on the other hand, is more likely to be observed by senior service agencies, which reported half of these cases. Again, this is not surprising since these agencies are often called upon to assist aged

*It should be noted that in Table 6.4, each type of abuse present in multiple abuse cases was considered independently. Hence, more than 77 instances are considered.

persons who have need of food, shelter, or housekeeping assistance, all of which may be related to neglect. Such agencies are also more likely to observe emotional neglect (38.9% of the observed cases). It is surprising to note, however, that the health agencies reported the next largest frequency of this type of case (27.8%). Apparently health personnel can observe emotional problems if properly trained and motivated.

Both direct emotional abuse and financial abuse were most frequently identified by the legal aid agency which identified half of the former and two-thirds of the latter. Legal aid attorneys would be in a particularly good position to learn of such abuse, since victims would be very likely to bring these problems to an attorney. Persons who believe they have been cheated out of money or property are likely to seek a lawyer to regain what they believe to be rightfully theirs. Seeking aid from an attorney would also seem appropriate when one is the victim of verbal assault and fears for his/her safety. In fact, the legal aid agencies appear to be highly promising as a mechanism for identifying elder abuse cases of all types, particularly those which involve direct action (e.g., abuse as opposed to neglect). The legal aid attorney has the opportunity to interview a client and elicit information concerning all aspects of life, thus making it possible to uncover symptoms of abuse in all areas. Fortunately, the Administration on Aging has recently made the identification of elder abuse a priority for agencies providing legal aid to the elderly (Vintage, 1981:3).

We have reported earlier that agencies tended to identify abuse victims largely though the victims' own reports. This information is confirmed by the cases the agencies reported to us. As Table 6.5 shows, in

over half of the cases the initial report of the abuse to the agency was made by the victim him or herself. Other sources of reports were hospitals or clinics, other social service agencies, both public and private, or public health agencies. The police were a source of referral in only two cases. Six cases came to agency attention through a referral by a member of the family and two through referral by a friend. Five cases were regular cases of the agency and abuse was uncovered as a part of normal handling of the case.

Clearly, one factor which made identification of victims more difficult was the fact that each agency is geared up to "notice" only symptoms which characterize the problems treated by that agency. Thus hospitals are likely to observe physical abuse but will miss psychological or financial abuse. Social agencies are more likely to observe psychological abuse, and will learn of physical abuse only by reports of the victim or if the symptoms are particularly obvious. The one agency which reported the widest variety of cases was the legal aid agency, to which persons with all types of problems were referred for possible consideration of a legal remedy. It appears likely that more abuse would be uncovered if agencies which serve the aged would become more aware of the symptoms of abuse other than those which their agency is used to observing.

Having identified a case of abuse, what is the response of the agency? In 18 cases (23.4%) the client was referred to another agency, which the referring agency presumably believed was better qualified to serve the victim (see Table 6.6). In nearly as many cases (17, or 22.1%) legal action was taken. These involved primarily the legal aid cases and involved action such as filing suit to remove a roomer from a home or to regain lost property.

Counselling was also commonly used. In 13 cases (16.9%) the victim was counselled. Nearly as many attempts were made to counsel the abusing family (12 cases or 15.6%). Other direct action was taken in 16.9% of cases. This included assisting victims in obtaining food, housekeeping services, a change in residence, financial assistance from Social Security or the Veteran's Administration, and so on.

And what of the results of these efforts? Did the agencies believe their efforts had led to a change in the situation? In nearly two-thirds of the cases (62.3%) the agency workers felt that their efforts had led to a change in the situation (see Table 6.6). Another 28.6% said that they had not produced a change in the situation. The rest did not respond or did not know whether a change had occurred.

The Interest of the Individual Worker

One clear problem is the uneven quality of service provided to abuse victims by different agencies. Some medical institutions were quite likely to observe abuse while others avoided the problem; religious institutions were mentioned by some victims as being unsympathetic, yet some churches and ministers referred cases to us and were quite concerned about them. It became clear that the major factor generating effective service for abused elders was a high degree of personal concern and interest on the part of the specific case workers. It was not enough for the agency as a whole to have a general policy of helping abused victims, because individual workers could avoid the problem if they wished. Conversely, some workers in agencies which had a clear policy of disinterest in the problem appeared to be among the most helpful, spending much time and effort to unravel the bureaucratic red tape which was often placed in the way of effective service to the abuse victims.

Hence certain workers in an agency are more likely to develop an interest in the area of domestic abuse and to search for this problem among their clients. One might say these workers have had their "consciousness raised" regarding the problem of domestic abuse. Consequently they inquire about the family situation and are more likely to learn of abuse if it exists. Furthermore, agency workers in personal conversations told us that family abuse was a problem which was not likely to be uncovered very easily. Rather, a substantial number of visits and a considerable rapport had to be developed with a client before most clients were willing to discuss family abuse.

As Table 6.7 indicates, the professions represented by the reporters of abuse varied widely. The two most frequent reporters were legal aid attorneys, which is not surprising since this agency reported the most cases by far. Leaving these aside, however, other professionals reporting substantial numbers of cases were social workers (18.2%), and staff workers of senior centers (15.6%). The category "educational worker" is artifically high, since the project became known in the community and victims would call the project directly. Other professionals reporting were nurses (6.5%), psychologists or counsellors (3.9%), and religious workers (5.2%).

One is curious as to the type of professionals who would be most likely to become concerned about domestic abuse and to take the time and effort necessary to develop the professional-client relationships which would enable them to learn of abuse on the part of an aged person's family. Are these more likely to be well-seasoned professionals, highly skilled in their profession? Or young persons with fresh new ideas they are anxious to try? As Table 6.7 shows, the answer is somewhere in between. They are not likely to be at either extreme, neither fresh new workers just out of school and working in

the agency less than two years, nor long term participants in either the profession or the agency in which they are employed. Most of the cases were reported by professionals who had been in their profession as well as in the agency which employed them for a period of more than two but less than ten years. However, most of them had lived in the metropolitan Detroit community for over 20 years.

It is probably not surprising that the "middle stage" professionals are those most likely to uncover abuse. We have suggested that the discovery of this problem is likely to require the development of considerable rapport, and this is a skill which probably requires a few years for a new professional to develop. Hence we should not expect a young worker to uncover such difficult problems. This is especially true since there are few accepted skills in searching out this problem, making it difficult to teach this skill in professional schools. Conversely, however, it is not likely that persons far advanced in their profession will have the extensive client contact necessary to uncover abuse. Many such professionals have probably moved into supervisory positions and have less client contact, leaving it to their subordinates to develop the client relationships necessary to learn of abusive situations.

Finally, it should be mentioned that some workers, and some agencies as well, had difficulty dealing with family abuse because of a preference for viewing the topic as a "private matter", an approach which is often taken with regard to other types of domestic abuse, such as child or spouse abuse. One agency worker told us of a woman referred to a hospital for injuries suffered in an instance of physical abuse. The worker stated: "I really have no right to interfere in this case. If she wants to go back to live (with the abuser),

then that is her right. He's her son and she wants to live with him, and that's the way she has worked out her life. I shouldn't interfere." However, she was not willing to consider the possibility that she might have had an obligation to suggest possible alternatives which the aged woman might not even have known existed. As a result the abuse victim sees no alternative to accepting the abuse. What is even more tragic is the fact that this worker also described another case of abuse which resulted in death.

Victims' Views of the Agencies

One type of information which can only be obtained from the victims themselves is their opinion of the quantity and quality of care which they have received from community agencies for their problems. How many and what type of agencies have they approached in an effort to receive assistance for problems? This would include the abuse itself as well as any other problems which they or their families may have. Do they feel these agencies have helped them? Which have helped and which have not? Are there any agencies which are rejected by the victims as sources for help? Are there any which are preferred?

As Table 6.8 indicates, the majority of the victims made considerable use of social agencies, such as food and friendship agencies, churches, etc. One fourth used 7 or more; another one-fourth used five or six; 40% used three or four. Only 15% used one or two. All victims had used at least one agency, which is not surprising since all victims referred to the study came through social agencies.

While the victims all show a likelihood to use social agencies, it is not so clear that they are willing to use these agencies in dealing with family problems. As the table shows, the victims have not used as many

agencies for family problems as for other reasons. Only 5% (1 individual) used 7 or more agencies for family problems as opposed to 25% for all types of problems; 20% used 5 or 6 agencies. Most used from 1 to 4 (30% for 1 to 2 agencies; 30% for 3 to 4). Ten percent had not used any agencies for their family problems.

Victims were also asked whether the agencies they consulted for their family problems had been helpful. Most (70%) reported that the agencies had been helpful. Only 20% said they had not. This response also may be affected by the fact that the agencies were the referral source for the study. The victims might consider this fact in evaluating the agencies' effectiveness. It is also possible that agencies may be reluctant to report cases in which they may be perceived as failures.

It is also notable that some victims (30%) indicated certain agencies which they would not ever use for family problems. One type of community agency which was specifically singled out by three victims as a resource which they would definitely NOT use in dealing with family problems was the religious institution. These victims reported that under no circumstances would they go to a church or synagogue or to a minister or rabbi for family problems. Two of these victims simply stated that they would not use a church for such things, but the third indicated that she had tried getting assistance from a church for her problems and that it had not been useful. This is similar to the findings of the Michigan Women's Commission (1977) on wife abuse, which found that spouse abuse victims often indicated that religious ministers were quite ineffective in dealing with problems of domestic abuse, since they were anxious to preserve the family status quo at all costs, and were therefore often unsupportive of abused members' complaints.

In fairness to the agencies, however, it must be noted that many of the abused elders were somewhat resistant to any attempts to assist them. Several agencies which reported cases indicated that the victims they saw had refused to accept help. In one instance, an aged lady was being abused by her grandson, an alcoholic. The agency had made several suggestions as to how she could remove either her grandson or herself from the abusive situation, but the lady refused to alter the situation. The case, mentioned previously, of a lady who had experienced salvation and was urging her son to be saved also, was another example of this. The case worker stated that she would not listen to arguments that the abuse might cease if she stopped her attempts to convert him, but she was determined to persevere. A third, and very sad case, was the case of an elderly couple in which the wife was an invalid and in need of assistance. The husband received many offers of help from various agencies to assist them in the care of the home, preparation of food, obtaining medical care, and so on, all of these being items which the invalid wife needed. The husband, however, was a very proud man and determined to prove that he was still "the boss". Hence he refused all offers of help, insisting that he could take care of his family himself.

Problems of Agencies in Identifying Cases and Providing Services

As we analyzed the reports of abuse which came from agencies, as well as the kinds of agencies which saw abuse versus those agencies which reported few or no cases, it became clear that there are a number of problems which agencies have in identifying elder abuse among their clients. We have discussed a number of these problems in another paper (Sengstock and Barrett, 1981). Some of the more important ones will be summarized here.

One major problem was that many agencies, either through lack of interest or overwork, fail to take notice of symptoms of abuse or to inquire into those which are presented to them. We received reports from agencies which had uncovered clear cases of abuse, some of which had resulted in serious injuries or death, and had reported these cases to other agencies with a request for assistance in serving the abuse victim. The referral agency, with fairly strong evidence on the part of the referring agency, would make a perfunctory inquiry, often by telephone and without even meeting the alleged victim, and draw a conclusion that there was no problem.

A final difficulty which was noted is that the identification of abuse is made more difficult by the fact that the abuse is often masked by the characteristics of the normal aging process. Thus one case which was reported to us was a case of an elderly lady whose home was quite dirty and littered with food. She exhibited symptoms of physical neglect. However, the agency also reported that there were indications of severe mental deterioration, and the lady often misused food which was provided for her by the Meals on Wheels program, either "saving" it in various corners of the room or feeding it to the dog. It is difficult in such cases to determine whether the difficulties the individual faces are actually the result of abuse or related to the aging process.

Conclusion

Agencies' relationships with aged abuse victims tend to be highly uneven in character. Some agencies, and some workers in the agencies, identify a great many aged abuse victims and are able to provide them with considerably more assistance than other workers and other agencies. We found that a single

legal aid agency reported far more cases than any other; however, this was related to the presence in this agency of specific workers with an intense interest in the problem. Another legal aid agency might uncover relatively few cases if their staff attorneys place priority on different issues. Conversely, a clinic or family service agency might discover considerably more abuse if its workers consider domestic abuse of the aged a high priority problem.

The uneven character of the quality of service to these cases is probably the most serious problem in dealing with domestic abuse. The effectiveness of the assistance which a specific victim will receive is highly dependent on the individual character of the specific agency from which the victim happens to seek help, and the worker to which the case is assigned. This makes effective referral extremely difficult.

It was found that there was a relationship between the type of agency and the type of abuse they were likely to observe. Medically related agencies were likely to observe direct physical abuse. Senior service agencies observed most of the physical neglect cases. Together these type of agencies reported most of the emotional neglect cases. Financial abuse and direct emotional abuse were most often observed by the legal aid agency. Thus, in general, agencies tended to observe and report abuse and neglect in aspects of the elderly person's life which were related to the area which the agency was accustomed to observing and treating. It is quite possible that they may miss cases of abuse which are not in these familiar areas.

Most cases were brought to the attention of the reporting agency by reports of the victims themselves, again suggesting that cases might be missed if victims are reticent to report. Agencies deal with abuse victims primarily

through counselling or referral to other agencies. Legal action or the provision of other direct services also occur. In about two-thirds of the cases, workers believed their efforts had effected a change in the situation.

Most of the victims report using social agencies for their family problems, a fact which is not surprising since agencies were the source of referral to the project. It is also not surprising that they usually expressed the belief that the agencies had been helpful to them. Presumably, victims who were not being helped would cease to go to the agencies and their abuse would not have been identified or reported to our project.

Lastly, we noted that the agencies themselves experienced several problems in identifying and assisting elder abuse victims. They had inadequate staff and other resources. Agencies to which they normally referred cases were often ineffective in handling the problems. Victims themselves were sometimes resistent to help, perhaps because of fear of the abuser, reluctance to expose a family member, or other reasons. The question of individual and family privacy was a stumbling block for some workers who were reluctant to intervene in cases which they believed infringed upon their clients' rights of personal choice. Finally, a serious problem of identification also occurs because symptoms of abuse and neglect are often masked by the normal aging process.

Table 6.1

SUMMARY OF ELDER ABUSE REPORTS BY SOCIAL AGENCIES IN THE DETROIT METROPOLITAN AREA

Number of Agencies Questioned	302
Number of Agencies Responding	108 (36% response rate)
Number of Agencies Reporting Elder Abuse	25 (21% of those reporting)

Number of Elder Abuse Cases Known to Agencies in February, 1981

Number Reported	Number of Agencies	Number of Cases	Percent of Agencies Reporting Elder Abuse
1 or 2	14	20	61%
3 or 4	3	10	13
5 or more	6	236	26
			100%

Total Number of Elder Abuse Cases Seen By Social Agencies in the Detroit Metropolitan Area in February, 1981:	266
Projected Annual Frequency of Elder Abuse Cases Seen Over a Twelve Month Period*:	1064

Number of Elder Abuse Cases Actively Receiving Service in February, 1981

Number of Cases	Number of Agencies Reporting	Total
1	5	5
2	4	8
3	3	9
4 or more	6	176
		198

Sex of Victims in Reported Elder Abuse Cases

	Frequency	Percent
Male	86	35%
Female	160	65
		100%

* The Projected Annual Frequency was obtained by multiplying the one-month frequency by 4. This figure was used on the assumption that most cases are seen for an average period of approximately 3 months. Thus an agency is likely to experience a turnover of cases about 4 times each year.

Table 6.2

Characteristics of Agencies Reporting Elder Abuse

Number of Cases Reported by Type of Agency Reporting

Type of Agency	Number of Cases Reported	Percentage**
Police	13	4.8
Adult Protective Service	48	18.0
Crisis Counseling	20	7.5
Information and Referral	51	19.1
Public Social Service Agency	186	70.0
Health Agency	8	3.0
Family Services	19	7.1
Legal Aid	6	2.2
Emergency Shelter	10	3.7
Other Agency Type	8	3.0

Means Used by Reporting Agencies (N=25) in Identifying Cases

Report from Client	16	64%
Report from Other Agency	7	28
Cuts, Bruises	5	20
Report from Police	3	12
Other Means	10	40

Agency Involvement with Elder Abuse (N=302)

Number of Agencies Providing Services to Elder Abuse Victims. . . . 31 (10.3%)

Number of Agencies Keeping Statistics on Elder Abuse. 13 (4.3%)

** Percentages will not sum to 100% because of the possibility of multiple responses.

Table 6.3

Type of Agencies Identifying Abused Elders

Agency Type:		
Legal Aid	30	39.0%
Health	8	10.4%
Homemaker Service	8	10.4%
Family/Mental Health	5	6.5%
Senior Center	4	5.2%
Hospital	3	3.9%
Law Enforcement	2	2.6%
Religious Organization	2	2.6%
Educational Institution	2	2.6%
No Response	13	16.9%

Table 6.4

Abuse Type by Reporting Agency

Abuse Type*

Reporting Agency	Physical Abuse	Physical Neglect	Emotional Neglect	Emotional Abuse	Financial Abuse
Health	(4) 26.7%	(1) 5.6%	(5) 27.8%	(8) 18.2%	(2) 4.9%
Family, Mental	(2) 13.3	(2) 11.1	(2) 11.1	(3) 6.8	(3) 7.3
Senior Service	(1) 6.7	(9) 50.0	(7) 38.9	(7) 15.9	(5) 12.2
Churches, Schools	(2) 13.3	(1) 5.6	(1) 5.6	(2) 4.5	(2) 4.9
Law Enforcement	(1) 6.7	(1) 5.6	(1) 5.6	(2) 4.5	(1) 2.4
Legal Aid	(5) 33.3	(4) 22.2	(2) 11.1	(22) 50.0	(28) 68.3
Totals	(15)	(18)	(18)	(44)	(41)

*In this table each of the multiple types of abuse present in some cases are considered as separate instances. Hence more than 77 instances are listed.

Table 6.5

Means by Which Agencies Obtained Aged Abuse Victim Cases

Source of Initial Abuse Report to Agency:		
Victim	46	59.7%
Hospital/Clinic	3	3.9
Police	2	2.6
Public Social Agency	4	5.2
Private Social Agency	5	6.5
Public Health Agency	4	5.2
Family Referral	6	7.8
Friend Referral	2	2.6
Regular Agency Client	5	6.5

Table 6.6

Response of Agencies to Cases of Elder Abuse

Action Taken by Agency:		
Referral	18	23.4%
Counsel Victim	13	16.9
Counsel Family	12	15.6
Legal Action	17	22.1
Direct Action	13	16.9
No Response	4	5.2
Workers' Perception of Agency Effectiveness:		
Has Agency Action Produced a Change?		
Yes	48	62.3%
No	22	28.6
No Response	7	9.1

Table 6.7

Characteristics of Professionals Reporting Abused Elders

	Number of Cases	Percent
Profession of Agency Worker:		
Attorney	30	39.0%
Social Worker	14	18.2
Senior Center Staff	12	15.6
Educational Worker	9	11.7
Registered Nurse	5	6.5
Religious Worker	4	5.2
Psychologist/Counsellor	3	3.9
Years in Profession:		
Less than 2 years	9	11.7%
2-4 years	40	51.9
5-9 years	17	22.1
10-14 years	4	5.2
15-19 years	3	3.9
20 or more years	3	3.9
Years in Agency:		
Less than 2 years	9	11.7%
2-4 years	43	55.8
5-9 years	15	19.5
10-14 years	6	7.8
15-19 years	2	2.6
20 or more years	-	-
Years in Community:		
Less than 2 years	4	5.2%
2-4 years	2	2.6
5-9 years	1	1.3
10-14 years	5	6.5
15-19 years	7	9.1
20 or more years	56	72.7

Table 6.8

Victim Reports of Agency Contacts

Number of Agencies Used (9 agency types possible):

	Frequency	Percent
None	0	--%
1-2	3	15
3-4	8	40
5-6	5	25
7 or more	5	25

Number of Agencies Used for Family Problems:

None	2	10%
1-2	6	30
3-4	6	30
5-6	4	20
7 or more	1	5

Victim Opinions of Agency Assistance*:

Agency(s) helpful	14	70%
Agency(s) not helpful	4	20
Victim would never use certain agencies	6	30

* Does not sum to 100% because of multiple responses.

Section III

POLICY RECOMMENDATIONS

Chapter 7

DEALING WITH THE PROBLEM OF DOMESTIC ABUSE OF THE AGED

Domestic abuse of the aged is a topic which has received increasing attention in recent years. Several other research projects have centered on the topic, investigating the nature of elder abuse and suggesting ways of alleviating the abuse. In our study we attempted to examine elder abuse from two vantage points not used heretofore. First, we wished to identify and analyze a larger number of specific cases of elder abuse than had been studied to date. Second, we wished to conduct direct interviews of actual victims of elder abuse, which had not been attempted by any study thus far.

We were able to identify and obtain specific case data on 77 cases of elder abuse. Of these cases, slightly over 40% included evidence of physical neglect or abuse; roughly half of these cases with symptoms of physical damage involved direct abuse, the other half more indirect neglect. Slightly over 50% of the cases involved financial abuse. The largest category involved psychological or emotional abuse or neglect, which was found to exist in 80% of the cases. However, the high percentage of psychological or emotional cases is due, in large part, to the fact that psychological abuse or neglect almost always accompanies the other types of abuse or neglect as well.

We were able to conduct direct personal interviews with 20 of the victims identified. The victims interviewed resembled the entire sample of reported cases, rather closely, both in the abuse types represented and also in the

demographic characteristics of the victims. The victim interviews allow us for the first time to present the victims' views of the family situation and the abuse, and also to evaluate the victims' perceptions of the services which they and their families are able to receive in dealing with their problems.

The present study has had a direct practical goal: to understand the factors related to domestic abuse of the elderly in order to assist victims more effectively. In the preceding chapters we have presented the results of our research. In this chapter we will attempt to draw together the major conclusions of the research, and based on these conclusions, make recommendations regarding future services to victims. Our recommendations will focus on two major areas: 1) We will delineate the factors which have been found to be associated with domestic abuse of the elderly. In this regard we will discuss related theories of domestic abuse and indicate the degree to which they apply to our data. We will also make recommendations concerning the nature of services which these victims are likely to require. 2) We will discuss the manner in which agencies identify and serve victims of elder abuse. We will also indicate problems of identifying and serving elderly domestic abuse victims and make suggestions as to how the identification and assistance of victims could be improved.

Factors Associated with Domestic Abuse of the Elderly

In the initial chapter of this report we have indicated a number of theories which have been proposed to explain the nature and cause of domestic abuse, both in general and with particular regard to the elderly. In this section we summarize our data in reference to these theories. Five major theories will be considered: theories related to psychopathological behavior on the part of the abuser: the victim precipitation theory; learning theory; the situational stress theory; and the theory of the abusing family as an isolated family.

Psychopathological Theories

It has been pointed out by several authorities that domestic abuse in general has often been explained as being related to the psychopathological state of the abuser (Gelles, 1974b). In essence, these theories suggest that the abusive individual is essentially mentally ill and the abusive behavior is the result of this mental illness. Holders of this theory would suggest that the abuse victim simply has the misfortune of being a member of a household or family in which one of the members is mentally ill.

A closely related theory associates domestic abuse with the misuse of alcohol or other substances (Gelles, 1974a: 111-112). This approach is often taken by persons with a serious concern about substance abuse. They suggest that persons who are alcoholics or drug addicts are highly likely to engage in abusive behavior. In contrast, some theorists suggest that the alcohol is not the basic cause of the abusive behavior. Rather the substance abuse is used by the abuser as a "cover-up" for abusive tendencies which are already present (Gelles, 1974a: 112-118).

In either instance, the cause of the abuse is sought in the psychological state of the abuser. Either he/she is thought to be mentally ill and therefore incapable of controlling behavior. Or the abuser is thought to be under the influence of alcohol or drugs and therefore incapable of controlling behavior. In either case, the solution is clear: remove the factor operating in the abuser and the abuse will be solved. Hence if we can cure the alcoholism, drug abuse, or mental illness, the abuse will cease.

This approach seems highly tempting since it provides a very clear factor which is responsible for the abuse, and also a relatively clear solution,

albeit one which might require considerable time, expense, and difficulty. However, in the cases we studied we found clear evidence of mental illness and/or substance abuse in a relatively small percentage of the cases. In only 5 cases (6%) did the professional worker mention that the abuser was an alcoholic; in one case the abuser was known to be a drug addict; in another 3 cases (4%) the abuser had been diagnosed as mentally ill. This leaves a total of only 9, or 12% of the cases, in which the abuser could be clearly said to possess a psychic state which made behavior control difficult or impossible. Hence we conclude that the psychopathological state of the abuser is a causal factor in relatively few cases of elder abuse.

Several other factors should be mentioned, however, in relation to the psychopathological theory of domestic abuse of the elderly. First, while this did not appear to be a factor in the majority of cases, in those cases in which mental illness or substance abuse was a factor, the abuse was particularly serious and difficult to control. Second, we have reported on the cases in which the professional specifically reported that mental illness or substance abuse was present; it is possible that this may not have been mentioned in some cases, and that further analysis of the cases may reveal additional instances of these factors. Third, it is also possible that undiagnosed mental illness, alcoholism, or drug abuse may be present in some of the cases and the agencies themselves are not yet aware of this. However, the data we have analyzed to date do not indicate that these factors play a role in the majority of elder abuse cases. For a small number of cases psychopathological states of the abuser are important, and these tend to represent relatively serious problems.

In terms of providing service to victims, it does not appear to be advisable to rely heavily on the notion that the abuse is caused by such factors as mental illness or substance abuse. If an agency should find such problems to be present in an instance of elder abuse then, of course, it is imperative that these problems be treated as a part of the entire family problem. However, an assumption that such factors must be involved whenever elder abuse occurs would prevent workers from looking for other factors which are likely to be present as causal variables in the great majority of cases.

Victim-Precipitation

A causal factor which has been mentioned quite frequently in reference to general domestic violence is victim-precipitation (Gelles, 1974a: 157-163). As we have noted previously, this theory states that the reason why domestic abuse occurs is that the victim of the abuse precipitates or causes the abuse by his/her own behavior. Thus the victim is ultimately responsible. If he or she had not tempted, taunted, or goaded the abuser into taking action, the victim would not have been abused.

Again we found this to be a factor in a relatively small proportion of the cases. In only 8 cases did the worker indicate that he or she believed that the victim had played a role in the abusive pattern. Of course, it is also possible that the workers who reported to us had become sympathetic to the plight of their clients and failed to see the manner in which they had brought their abuse upon themselves. It is also possible that the so-called precipitating behaviors had occurred years before the present abuse and the workers would be unlikely to know about them. At this state of our knowledge, however, we must conclude that deliberate and immediate victim precipitation is probably not a causal factor in the majority of elder abuse cases.

In those cases which did involve victim precipitation, the victim appeared to have been engaged in psychological abuse, with the abuser responding with psychological as well as other forms of abuse. Hence even in cases in which victim precipitation occurred, it is questionable whether the victim's action justified the response received. The issue of victim precipitation is probably one of the most difficult for agencies to handle. If this factor is a problem in a given case, then the victim must alter his/her behavior in order for there to be any hope of altering the abusive pattern. On the other hand, suggesting to an abuse victim that he/she may be responsible for the injury suffered may add insult to injury by inducing a sense of guilt for something over which the victim has no control. Workers would be well advised to suspect victim precipitation only in cases in which the factor is clearly involved and after a thorough knowledge of all relevant factors in the cases has been obtained.

Learning Theory

As noted in our review of the literature, some authorities suggest that the existence of a well-established pattern of violent behavior on the part of an individual need not necessarily suggest the existence of an aberrant psychopathological state (Gelles, 1974b: 199). Rather, such behavior, like non-violent behavior, can be learned in early life. We found some evidence to suggest that the elderly victims in our study, as well as the members of their families, may indeed be persons for whom abusive behavior has been learned as an appropriate approach to the solution of life's problems. At this point we will indicate three items of data which suggest that this may be the case.

First, it was noted that the elderly victims we interviewed were persons

who had experienced a great deal of violence in their lives. A considerable number of our aged victims reported having been hit, punched, or threatened with a knife. An unusually high proportion of them had been threatened with a gun. In settings in which such violent behavior is commonplace, it is likely that the participants, including the victims' children and other companions, will come to accept violent behavior as a normal part of life.

Second, many of the victims expressed their belief that physical punishment of children was appropriate and necessary. This belief may cause children to grow up with the idea that physical responses are appropriate in instances in which a larger, stronger person has his or her will thwarted by a smaller, weaker person. It would not be surprising if abuse victims learned the lesson that such behavior was appropriate when and if they should move into such a position in reference to their parents. In effect, the aged parents, through their actions when their children were small, have taught them that abusive behavior was appropriate.

Third, it was also noted that the abusive behavior is closely related to the social role which is generally associated with certain types of abusers. Thus we found that sons were more likely to engage in direct abuse, either physical or emotional, while daughters were more likely to be responsible for abuse which was emotional in character or for behavior which was related to neglect. As we suggested earlier, this difference in the types of abuse engaged in by sons and daughters is closely related to the role patterns which society has traditionally assigned to men and to women. Men are expected to be more direct and assertive, women to be indirect and emotionally supportive. These patterns are taught to children from very early childhood. It should not be surprising that these children, now grown, adopt these patterns in

dealing with their aged parents who may now have become less capable and may exhibit some problematic behavior. Faced with such problems, men have learned to react in direct, often physical ways. Women have learned, on the other hand, to react with emotional outbursts and withholding of affection and support. The fact that this is what we find to have occurred provides some support for the learning theory of domestic abuse.

We are suggesting, therefore, that there is some support for the view that abusive behavior in domestic settings is a learned response. In terms of assisting victims and altering the abusive patterns of their families, this conclusion is a highly pessimistic one. Once behavior has been learned, and the learning has been reinforced through several years of obtaining satisfactory results, it becomes almost impossible to extinguish. Hence abusive or neglectful children have learned that abusive behavior results in compliance with their demands and enables them to avoid responsibility. Consequently, they are not likely to be deterred easily from continuing the abusive behavior. A complex and difficult relearning process, requiring extensive assistance, will probably be necessary.

It is possible that a program such as that which has been proposed for abusing parents, might be effective for persons who turn their abusive actions against aged relatives. The proposal contains a number of components, such as teaching new methods of family management, the establishment of support groups, and placement of abusing parents in settings (cooperative day care programs, for example) in which they can observe non-violent families in action (Justice and Justice, 1976: 135-143; 156-158; 205-209). However, such programs

are likely to require a great deal of motivation on the part of the abuser. Such motivation is more likely to be present in the case of an abusing parent who fears he or she might lose custody of children, than it would be of persons caring for aged relatives. While one wishes to be encouraging, it is likely that with this type of abuse, in which abusive behavior is part of a well established process, reform of the abuser is highly unlikely or would require years, at best. Consequently, these are cases in which agencies would be well advised to provide alternative living arrangements for the victim.

Situational Stress Theories

Another theory which has been proposed to explain domestic abuse is the situational stress theory. According to this theory, families which engage in domestic abuse are families which have or are experiencing extreme difficulties of one type or another. We have suggested that this theory seems to apply rather well to a considerable number of families in our sample. Situational stress has been divided into two types: stress which is general in character and stress which is directly related to the person who becomes the victim of a subsequent abusive behavior. Some evidence of both types of situational stress was found in the cases in our sample. Several items of evidence have been cited to illustrate this high degree of situational stress.

With reference to general stress, we found that the victims who were interviewed indicated that their families had experienced an unusually high number of problems in the past year, some noting as many as 19 or 20 problem situations. With such a high degree of situational stress, it would not be surprising if these families had difficulty managing the additional stress of an aged relative to care for. It was also noted that about half of the

abusers were children of the victims, and that most lived with the victims. Again this suggests that the abusers and their victims are participants in intergenerational households. Such households, as Block and Sinott (1979) have pointed out, bear a high propensity for tension and stress. It was also noted that the majority of the abusers of the aged were middle-aged, and quite likely to be in the period of stress which accompanies this time of life. That is, the women may be undergoing menopause; the men may be facing employment problems or lack of advancement in their occupations; children are in the difficult period of adolescence or are marrying and leaving home. Middle age is a generally stressful time in itself, without the added responsibility of an aged parent.

There was less evidence of victim-related stress in our sample. Only about one victim in five was reported to have some degree of impairment, and in these cases the impairment was usually emotional. However, for these cases, the impairment could be an additional source of stress for the caretaker. Further, there may have been other families in which the aged victim may have been a source of stress for the family for other reasons which may not have been obvious to the case worker.

Where stress is high, whether from the general situation or from a specific individual, the possibility of acting out one's frustrations through violence is also high, and this could be a cause of the abuse in these families. We suggest, however, that the type of services which these families require can be more easily delineated than those of the types we have previously discussed. If agencies can provide not solely the victim but the entire family with assistance and support, then they may reduce the stress to a level which can be more easily managed and the abusive behavior can more easily be controlled.

It is important to stress that in cases such as these, the entire family is hurting and in need of assistance. A helpful, non-accusatory posture must be taken toward the abuser, in order to encourage him/her to accept assistance (Justice and Justice, 1976: 130-132).

We agree with Douglass, et al (1980) and with Block and Sinnott (1979) that these are families that need help in their relationships with an aged relative. An ideal program would focus on both the abuser and the aged victim. For the abuser, assistance would involve the provision of services which might actually eliminate some of the stresses (assistance with economic problems, for example), as well as assistance in coping with the stresses which remain. The aged victim, on the other hand, must be provided with protection until the threat of abuse has decreased; services might also be required to alleviate characteristics of the aged person, such as physical or mental impairments, which may be stress-producing in themselves.

While we have suggested that it is fairly clear what types of services these victims and their families require, it is by no means clear that such a program would be easy to implement. The multi-problem families in our sample all had a large number of very difficult problems to deal with. Providing services which would alleviate these problems even a little would require considerable time, staff resources, and financial support. We see in the 1980s a decreasing willingness of the population to pay for services to the elderly or to families. Hence it is not likely that a great many resources will be available to provide these services for aged abuse victims and their families.

Family Isolation as Related to Domestic Abuse

It has also been suggested that the family which engages in abusive behavior tends to be a family which is relatively isolated from other persons and families (Justice and Justice, 1976: 149). It is not clear whether this isolation is a cause or a result of their abusive behavior. Thus it is suggested that the isolation may cause the abuse, since isolation limits the family's ability to obtain assistance and social support and leaves the family members to deal with the stresses of family living alone. On the other hand, the abuse may cause the isolation, since abusive behavior patterns are embarrassing to the family and to outsiders as well, causing both parties to withdraw from social interaction with each other (Gelles, 1974: 108). In either event, the isolated family finds itself in the position of not having needed social support to deal with daily problems.

Our data strongly suggest that the abused elders in our sample were rather isolated from persons outside of their own households. Most had a relative with whom they were in contact, but the contacts consisted primarily of a visit or telephone call once a week or less. Very few had friends they could call upon, although those who did reported having closer relationships with their friends than with their family. Such isolation makes it difficult to obtain assistance in coping with the problems of life; it also makes it less likely that the victim will have resources to turn to in attempting to escape the abuse. Such victims indeed have, as Gelles (1974:93-94) has said, "no place to go."

Not only was it evident that the aged victim had few contacts outside their families, it also appeared that their families did not support the idea

that assistance from outside the family was appropriate. While the majority of the victims believed it appropriate for families to seek help from others if necessary, the few family members we had contact with did not share the elder victims' views on this subject. Rather most of them resisted any contact, either by our project or by the agencies, stating that they did not feel outsiders should know about their family's problems. Some agency workers and victims even told us that members of their families were angry that the victims had sought the agency's help.

We suggest that the isolated family as a causative factor in domestic abuse of the elderly is not likely to be the only variable operating in a given case. Rather it is likely to be an exacerbating factor. Thus a family which already has abuse problems because of an extremely high stress level or the existence of some psychological factor may have the problem complicated by the fact that the family is so isolated that they cannot obtain assistance.

In such cases, the proper course of action would be to encourage the family to accept help from outside, to provide whatever assistance was dictated by the nature of the underlying problem, and also to develop social ties, such as support groups, for example, to help decrease the family's isolation. It should be noted, however, that families which have a deeply rooted belief that it is improper to accept help from the outside are likely to be highly resistant to attempts to assist them. These cases, like those which represent a well-established learning pattern supporting abuse and violence, may represent such intractable cases that provision of a safe environment for the abuse victim may be the only possible answer.

Summary: Aiding Different Types of Abuse Victims

In the preceding sections we have suggested that the appropriate techniques

for dealing with aged abuse victims must be very different depending upon the underlying causes of the abuse. Psychpathological states, brought about by mental illness or substance abuse, represented the causal pattern in a relatively small percentage of the cases reported to us. In such cases the answer would clearly involve the treatment of the abuser's illness, a task which is likely to be very difficult if not hopeless. Other types of abuse which we believe to be relatively intractable are those involving a long-term learning pattern in which violence and abuse have been well-established over a considerable period of years, and those in which the members of the family carry a strong conviction that families should handle their own problems in strict isolation from outsiders. In all of these instances we have suggested that the most effective measures which an agency may take might be the provision of a safer alternative living environment for the aged victim.

In dealing with cases in which victim precipitation is suspected of being a factor in the abuse, we have suggested that the worker should handle the victim with great tact, in order to avoid adding a sense of guilt to the injury which the victim has already suffered. In any event we found that victim precipitation was a factor in a relatively small number of cases.

Finally, we suggested that the cases which provided the greatest hope for alleviation of the abuse by means of outside agency assistance were those cases, of which we found quite a few, in which the family appeared to be beset by a large number of stressful situations at the same time. In such cases, if the family can be encouraged to seek help, and if services can eliminate some of the stresses and assist the family in coping with those which remain, then there is hope that the abusive behavior can be stopped

and the family can be reestablished on a non-abusive basis.

Agency Problems: Identifying Victims, Providing Services

In the first half of this chapter we have suggested a number of ways in which social, medical, and senior service agencies might assist victims of elder abuse. The programs we have suggested for proper treatment of these victims have not been simple. Rather they would involve extensive agency time and personnel effort. Training would be required for proper identification of victims, classification into appropriate causal types, and provision of the treatment appropriate to the specific case. In this section we shall attempt to view domestic abuse of the aged through the eyes of agencies, faced as they are with probable decreases in their already meager resources. What are their problems as they go about the task of identifying and providing assistance to victims?

Problems in the Identification of Elder Abuse

One concern which was clear in most agencies contacted was the fact that the process of identifying abuse victims was not an easy one for them. There were several reasons for this difficulty.

Dependence upon Victim Reports. We learned that the major means which most agencies depended upon for identifying elder abuse cases was the self-report of the victim. Yet it has also been noted in several studies of domestic violence that many victims are reluctant to report the abuse for a variety of reasons. Either they are frightened that a report would incur the wrath of the abuser and generate even greater abuse, or they wish to protect the abuser who may be a beloved child or other relative. Also, many victims frankly do not know where they can turn; they are confused and do not know where to go for help. Hence dependence on self-reports is very likely to result in a

considerable under-estimation of the amount of elder abuse, and, what is worse, a lack of assistance for the many victims who are unwilling to report the abuse. It was clear that agencies needed a different method of identifying abused elders, one which made it unnecessary for them to rely upon self-reports.

Symptoms of Abuse Masked by Normal Aging. Another problem which was encountered in agencies in the identification of elder abuse was the fact that much elder abuse can be masked by the characteristics of the normal aging process. Hence it is difficult to determine whether an aged person's malnutrition or poor skin condition are due to poor eating habits or to neglect. And a complaint of abuse on the part of an aged person can easily be dismissed as the product of a confused mind. Again, it is obvious that agencies could be assisted in the task of identifying abused elders if there were a more accurate method for identifying abuse and distinguishing it from the normal aging process.

Agency Identification of Familiar Abuse Types. It was noted that certain types of abuse were more likely to be observed by certain types of agencies than by others. For example, medically-related agencies were most likely to identify direct physical abuse; legal aid agencies identified most of the financial abuse; senior service agencies identified most of the neglect cases. In general, agencies tended to identify abuse which was most closely related to the types of symptoms and presenting problems which they were most accustomed to seeing. In other cases, where the abuse was in an area which they were not accustomed to recognizing, it is quite possible that these agencies might be seeing cases of abuse but not recognizing them as such. It would be quite helpful in the identification of victims if agency personnel could be provided

with a list of symptoms of abuse in a variety of areas. Such a list could serve as a guide whereby professionals could identify elder abuse more readily, even types of abuse with which they are not familiar.

Uneven Character of Agency and Worker Interest. It should also be stressed that not all agencies, nor all workers in a given agency, were equally concerned about elder abuse and interested in identifying cases and providing services. The quality of services provided by agencies and their concern with finding means of identifying abuse victims was highly varied. This variation occurred between agencies of different types, between agencies of the same type, and between workers in the same agency.

Hence it was noted that some hospitals and health agencies were quite interested in elder abuse and willing to go to considerable effort to identify and assist victims. Other agencies of the same type, on the other hand, had policies which discouraged workers from getting involved in the private lives of their clients/patients, and encouraged a tendency to "look the other way" in instances in which abuse was suspected.

Similarly, in a given agency, one worker might be quite interested in the problem and willing to take considerable time and effort with victims, while another worker might place priority upon other types of clients and problems. This non-involvement was assisted by a belief, on the part of some workers, that domestic abuse was a private matter and should not be tampered with by outsiders.

This uneven character of the services provided to elder abuse victims by community agencies makes the task of concerned agencies even more difficult. Most agencies serve their clients, in large part, by referring them to other agencies which provide services fitted to their needs. Where there is

no clear pattern of the type and location of services available, however, such referrals become almost impossible. In effect, a referring agency needs to be able to give the name and telephone number of another agency to a client and be fairly certain that the client will get the proper service from whomever he/she happens to see in the other agency. With elder abuse victims, however, this assurance cannot be made.

Rather, the quality of the service which the victim will receive depends almost entirely upon the specific characteristics of a given agency and an individual worker. Hence one cannot generalize that legal aid agencies are good places to refer such victims; some are quite good while others are not. And even in a specific agency known for high quality services to abuse victims, a specific victim may have the misfortune to be assigned to a worker who does not share the dominant interest of the agency. Clearly, services to aged abuse victims would be much improved by a clear standard for the nature of assistance which should be provided them.

We noted that the victims interviewed were generally satisifed with the agency services they received and, with a few exceptions, would seek help for their family problems from the same types of agencies. It should be noted, however, that the victims referred to us were those who were receiving assistance for their abuse problems. In fact, they were probably receiving the best of service currently available, for they were being served by agencies and workers who were in the forefront of the provision of services to elder abuse victims. Hence they had been identified as victims, and, at least to the extent that they were referred to our study, attention was being given to their abusive family problems. We cannot know, however, the opinion which victims not identified or referred may have of the services they receive.

Summary of Recommendations for Agency Services

In summary, we have noted a number of ways in which agency services to elder abuse victims could be improved. These include:

1) Development of a clearly defined set of symptoms by which elder abuse victims may be identified;

2) Education of agency workers so that they will be more able to identify victims and will know what types of services are available to victims and where to find them;

3) Standardization of agency services such that inter-agency referrals will be simpler and more effective;

4) Institutionalization of standards for service in each agency, such that services will be less dependent upon the interest of the individual worker.

Abuse of the elderly by the families is not a widespread problem. Most aged persons have loving, caring relationships with their children, spouses, and siblings. However, for these few to whom this does not apply, the physical pain and emotional stress of domestic abuse is enormous. These elderly victims, and their abusers as well, are persons in need. Social agencies, public and private, should develop programs geared toward helping them to alter their abusive family patterns, or to develop alternative living arrangments if this is impossible.

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APPENDICES
TO
IDENTIFYING AND CHARACTERIZING
ELDER ABUSE

FINAL REPORT

SUBMITTED TO

NRTA-AARP ANDRUS FOUNDATION

BY

MARY C. SENGSTOCK, PH.D.

AND

JERSEY LIANG, PH.D.

INSTITUTE OF GERONTOLOGY
WAYNE STATE UNIVERSITY
DETROIT, MICHIGAN 48202

FEBRUARY, 1982

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APPENDIX A

AGENCY QUESTIONNAIRE

Institute of Gerontology
Wayne State University

United Community Services
of Metropolitan Detroit

Report on Spouse Battering and Elder Abuse Cases, February, 1981

Please return by March 15, 1981

Agency: _____ Telephone: _____

Person completing Report: _____ Position: _____

Definitions:

"SPOUSE BATTERING"

"SPOUSE" is intended to apply to any unmarried as well as married adult (or emancipated minor) who has been involved in a consenting, continuing sexual relationship with another adult or emancipated minor.

"BATTERING" is defined as actual or threatened violent physical attack by an assailant against a victim.

"ELDER ABUSE"

"ELDER" refers to persons 60 years of age and older.

"ABUSE" includes battering (as defined above); also deprivation of necessities, neglect, misuse of funds, or emotional abuse.

---

1. Of the clients or families your agency saw during February, 1981, are any experiencing either of the following:

_____ Spouse Battering _____ Elder Abuse

2. Number of clients with SPOUSE BATTERING or ELDER ABUSE seen during February, 1981, which were known to:

	SPOUSE BATTERING	ELDER ABUSE
police department	# _____	# _____
adult protective services	_____	_____
crisis counseling	_____	_____
information & referral agency	_____	_____
department of social services	_____	_____
health agency	_____	_____
family service agency	_____	_____
legal aid	_____	_____
emergency shelter facility	_____	_____
other (specify type of facility)	_____	
	_____	

OVER

3. If your agency has seen any cases of ELDER ABUSE in February, 1981, which of the following ways did such abuse come to your attention?:

worker observed cuts, bruises, etc. _____
report from client _____
report from police _____
report from other agency _____
other means of identification (specify) _____

_____

4. Do you provide service to these clients or families regarding either of these?:

a. problems of SPOUSE BATTERING yes ____ no ____
b. problems of ELDER ABUSE yes ____ no ____

NOTE: IF your answers to both of the above questions were NO, you may disregard the remainder of the questions. THANK YOU for your help. Please return in the enclosed envelope.

_____

5. Are you currently keeping statistics?:

a. on the number of SPOUSE BATTERING cases? yes ____ no ____
b. on the number of ELDER ABUSE cases? yes ____ no ____

6. How many of the cases which were active in your agency during February, 1981:

a. have SPOUSE BATTERING as a problem # _____.
b. have ELDER ABUSE as a problem # _____

	SPOUSE BATTERING	ELDER ABUSE
7. Cases obtaining emergency shelter	# _____	# _____
8. Cases needing but not obtaining emergency shelter	_____	_____
9. Sex of victim	male # ____ female # ____	male # ____ female # ____

THANK YOU FOR YOUR COOPERATION.
PLEASE RETURN TO:

Dr. Mary C. Sengstock
Institute of Gerontology
Wayne State University
Detroit, MI 48202

APPENDIX B

ABSTRACT OF GRANT PROPOSAL

IDENTIFYING AND CHARACTERIZING ELDER ABUSE

(Abstract of Research Proposal)

Mary C. Sengstock, Ph.D. Jersey Liang, Ph.D.

Institute of Gerontology

Wayne State University

June, 1980

Increased attention has been given in recent years to the problem of abuse of the elderly by members of their families or by persons who are responsible for their care. This problem is rendered all the more serious by the fact that the aged victims of such abuse are often helpless in preventing the abuse, or are reluctant to report it due to the fact that they are related to and often dependent upon the abuser. In many respects, these abused elders are in the same position as abused wives and children, who are powerless in preventing their own mistreatment because they are dependent upon their victimizers.

Very little research has been done on the problem of elder abuse. Furthermore, existing research tends to be impressionistic in nature: it is either based upon only a very few cases which come from a social agency's files (Krasnow and Fleshner, 1979), or it is second hand information, based upon agency workers' reports of their own impressions of the cases they have seen (Douglass et al., 1980). Using such data, it is nearly impossible to obtain an accurate picture either of the amount or types of elder abuse, or of the types of elderly persons most likely to be so victimized.

This study proposes to identify and analyze a sufficient number of cases of elder abuse to obtain a more accurate estimate of the number of abused elderly and of the situations in which such abuse is likely to occur. It will attempt to test some of the preliminary hypotheses which have been

developed to describe and explain elder abuse. Furthermore, additional hypotheses and directions for further research will be suggested.

The methodology to be used in the study will be that of personal interviews of individuals who are referred to social agencies as cases of suspected elder abuse. Cases will be obtained from workers in social agencies which serve the elderly, such as the Visiting Nurse Association, Meals on Wheels, Senior Centers, and from law enforcement agencies, such as prosecutors and the police. In addition, an equal number of cases will be obtained from senior centers of elderly persons believed not to be abused; these will serve as a control group. Participation as a respondent will occur only with the consent of the individual. Because of the extreme difficulty of obtaining abused elders who may be interviewed, we believe it reasonable to attempt to develop a sample of approximately 50 abused elders, with a similar-sized group of controls. Family members and agency workers would also be interviewed.

The study would attempt to answer such questions as the following: What is the frequency of elder abuse which is reported to social agencies? By comparison with the control group, are there any types of elder abuse which may go undetected by social agencies? What techniques might be used by agencies to help them in identifying such abuse? What characteristics, if any, distinguish abused elders from their non-victim cohorts? What are the dynamics which may lead to abuse among the elderly? Which individuals in an elderly person's family are more prone to engage in such abuse? What type of assistance could be provided to an aged person and his/her family to alleviate the abuse?

Because of the sensitive nature of the material, it was considered preferable to develop a questionnaire which focuses more generally on the topic of family problems and the means of dealing with them. Hence the questions will not be specifically concerned with incidents of abuse. This approach should

make the interview far less threatening for the respondent. The questionnaire will include: standard demographic data; types of problems the family has endured; ways the family has dealt with their problems (both at the present time and in the past); degree of contact of members of the family with other persons and with social agencies; general attitudes toward violence as a means of dealing with problems. Interviews may be done by the staff of the project or by the referring agency, if they prefer.

It is hoped that the study will be of assistance to elderly persons in the following ways: providing greater understanding of the causes and consequences of elder abuse; providing social agencies and law enforcement agencies with the means of identifying elder abuse at an early stage so that assistance can be provided to the victims prior to the onset of serious harm; calling the attention of the community and of the political arena to the problem of elder abuse, so that greater assistance can be provided to the victims of elder abuse.

DEFINITION OF ELDER ABUSE:

"Elder" is defined as over the age of 60.

"Abuse" may take any of the following forms:

1) Physical Abuse (the inflicting of physical injury; assault)
2) Financial Abuse (the misuse of funds)
3) Neglect (failure to provide the necessities of life)
4) Emotional Abuse (verbal abuse, deprival of social contact, neglect of social and psychological needs)

APPENDIX C

AGENCY CODING SHEET

CODING SHEET- AGENCY VISITS

1. Agency Number _____

2. Agency Name _____

3. Agency Location _____

4. Number of Contacts by Phone _____

5. Number of Visits to Agency _____

6. Number of Cases Agency has Reported _____

7. Number of Cases Agency will fill out Agency Report on _____

8. Number of Cases that Can Be Interviewed _____

9. Number of cases which were Interviewed _____

10. Who did interviews?
    Number of interviews done by agency workers _____
    Number of interviews done by our interviewers _____

11. Problems agency had in finding cases (list):

    a. _____

    b. _____

    c. _____

    d. _____

    e. _____

12. Problems agency had in completing interviews (list):

    a. _____

    b. _____

    c. _____

    d. _____

    e. _____

13. Means by which agency identified cases (list):

    a. _____

    b. _____

    c. _____

    d. _____

    e. _____

APPENDIX D

AGENCY REPORT FORM

AGENCY WORKER REPORT

ON A SUSPECTED CASE OF ELDER ABUSE

To the Professional Worker: Please complete this Questionnaire for the Elderly Abuse Case you have reported to us. If there are questions for which you do not have the answer, please indicate this.

I. INFORMATION ON VICTIM

1. Name of victim (optional) _____

2. Address (or nearest cross streets) _____

3. Date of Birth _____

4. Sex: Male _____ Female _____

5. Race: White _____ Black _____ Other _____

6. Ethnic background (if known):

Polish _____ Italian _____ Scandinavian _____
Irish _____ English _____ Other (specify_____

7. Religion: Cath ____ Prot ____ Jewish ____ other (specify_____

8. Annual Family Income

a. less than $5,000 _____

b. $5,000-9,999 _____

c. $10,000-14,999 _____

d. $15,000-19,999 _____

e. $20,000-24,999 _____

f. $25,00 or more _____

9. Occupation (present) _____

II. INFORMATION ON HOUSEHOLD AND FAMILY

10. Members of Household

	Relation to Victim	Age	Sex	Income	Occupation
10a.					
10b.					
10c.					
10d.					
10e.					

(use back of page to list additional members if necessary)

11. Other family members who have contact with victim:

	Relation to Victim	Age	Sex	Types of Contact (e.g., phone calls, visit household chores	Frequency of Contact	Occupation
11a.						
11b.						
11c.						
11d.						
11e.						

12. Friends who have contact with victim:

	Age	Sex	Types of Contact (e.g., phone calls, visit, household chores)	Frequency of Contact	Occupation
12a.					
12b.					
12c.					
12d.					

III. ABUSE SUSTAINED

13. Which person(s) listed above is (are) suspected of being responsible for the abuse? (List the identifying letter(s) of the person(s) responsible) (e.g., 10a, 11b, 12c, etc.)

_____

14. Initial Source Reporting Incident (how did you get this case?)

_____ Self report
_____ Private medical doctor
_____ Hospital or clinic
_____ Police
_____ Public social service agency
_____ Private social service agency (including nursing hoems, rest homes)
_____ Public health
_____ Other (specify _____

_____

_____

15. What was the victim's presenting problem? _____

_____

15a. Why was victim referred to you? _____

_____

16. What was the approximate date of the most recent incident?

_____

17. Approximately how many prior incidents have there been (as far as you know?) _____

_____

18. For how long a period has the abuse continued (6 mos., 1 yr., several years, etc.)

_____

19. Is there anything specific which might have precipitated this problem?

_____

_____

IV. SYMPTOMS OBSERVED

20. _____ bruises, welts
_____ sprains, dislocations
_____ malnutrition
_____ freezing
_____ burns, scalding
_____ abrasions, lacerations
_____ wounds, cuts, punctures
_____ internal injuries
_____ dismemberment
_____ bone fractures
_____ skull fractures
_____ direct beatings
_____ lack of personal care
_____ lack of food
_____ lack of medical care
_____ lack of supervision
_____ tied to bed
_____ tied to chair
_____ other (describe _____

_____ none apparent

21. Psychological Abuse Sustained

_____ verbal assault
_____ threats
_____ fear
_____ isolation
_____ other _____

_____ none apparent

22. Material Abuse Sustained

_____ theft of money
_____ theft of property
_____ misuse of money
_____ misuse of property
_____ other _____

_____ none apparent

23. Violation of Rights

_____ forced to stay in home by others (can't go out when wants to)
_____ forced from home
_____ forced into nursing home
_____ other _____

_____ none apparent

24. Medical Abuse Sustained

_____ no visit to the Doctor when needed
_____ no medication purchased when prescribed
_____ no false teeth when needed
_____ no hearing aid when needed
_____ no glasses when needed

_____ none apparent

25. Rating of Environment

_____ dirt in house
_____ vermin in house
_____ inadequate heat
_____ smell like urine
_____ no food in house
_____ did not have opportunity to observe

_____ no apparent problems

26. Degree of Physical Impairment

_____ bedridden
_____ cannot perfomn basic personal hygiene w/out help (bathing, toileting)
_____ cannot prepare own food
_____ cannot take own medication

_____ none apparent

27. Degree of Mental Impairment

Evidence of mental impairment: (Symptoms and diagnosis if available)

_____

_____

_____ none apparent

V. ACTION TAKEN

28. What did you do for this case? _____

_____

29. To your knowledge has a change occurred in the victim's situation as a result of your intevention? If so, what is it?

_____

_____

_____

30. Are there any additional factors which you believe should be considered in analyzing this case?

_____

_____

_____

VI. INFORMATION ON PROFESSIONAL FILING REPORT

31. My professional affiliation is:

____ MD
____ RN
____ LPN
____ social worker
____ nurse's aide
____ household aid
____ senior center staff
____ psychologist/counselor
____ other (specify _____

32. Number of years in above profession

____ less than 2
____ 2-4
____ 5-9
____ 10-14
____ 15-19
____ 20 or more

33. Number of years in this agency

____ less than 2
____ 2-4
____ 5-9
____ 10-14
____ 15-19
____ 20 or more

34. Number of years in this community

____ less than 2
____ 2-4
____ 5-9
____ 10-14
____ 15-19
____ 20 or more

VII. POSSIBILITY OF INTERVIEW OF VICTIM

35. Can an interview be held with this client?

a. Yes ____ b. No ____

IF NO: What factors make it impossible to interview this victim? (check all that apply)

_____ 1) victim is deceased

_____ 2) physical disability of victim (what? _____)

_____ 3) mental incapacity of victim

_____ 4) victim refuses to be interviewed

_____ 5) victim's family will not allow interview

_____ 6) worker believes interview will create more serious problems for victim and/or family

_____ 7) victim is no longer seen by the agency

_____ 8) other (please specify _____

APPENDIX E

VICTIM AND FAMILY INTERVIEW FORM

Questionnaire on Family Problems for Three-Generational Families

Institute of Gerontology
Wayne State University
June, 1980

Part I Demographic

Hello, my name is _____. I'm from Wayne State University. As we arranged on the telephone, I'm here to talk to you about attitudes on family problems.

1. Location of household [address or nearest cross streets] _____

First, would you please tell me who lives in this household?

Relationship to Respondent	Sex	Age	Marital Status	Education
Respondent				

2. Some older people have a friend or relative who doesn't live with them but who visits a lot, goes shopping with them, and that sort of thing. Do you have a friend or relative who does that?

    1. yes
    2. no

3. (IF YES) Who is that?

Relationship to Respondent	Sex	Age	Marital Status	Education

4. About how many years have you lived at this address?

_____0. less than 1 year _____ (code actual number of years)

5. (If less than 5 years):

Where did you live before moving to the present address?

_____

Address or Crossroad City State

6. How long did you live there?

_____0. less than 1 year _____(code actual number of years)

7. Do you own your home, pay rent, or what?

1. own
2. rent
3. other _____
Specify

8. Where were you born?

1. City of Detroit
2. Metropolitan area outside Detroit
3. Other Michigan
4. Other U.S. (what state?_____)
5. Other country (which? _____)

9. From what countries or part of the world did your parents and grandparents come? _____

10. What is your religious preference?
1. Protestant
2. Catholic
3. Jewish
4. Other _____
Specify
5. None

11. (DO NOT READ AND CHECK THE APPROPRIATE CATEGORY BELOW)

The respondent's race:

1. White
2. Black
3. Other _____
Specify

12. Are you presently working full-time, part-time, keeping house or what?
    1. working full-time
    2. working part-time _____ hrs/wk
    3. retired
    4. keeping house
    5. other _____
       Specify

13. What kind of work have you done most of your life?

_____

14. (IF MARRIED) is your spouse working full-time, part-time, keeping house, or what?

    1. working full-time
    2. working part-time (_____ hrs/wk)
    3. retired
    4. keeping house
    5. other (What's that? _____)

15. (IF MARRIED OR WIDOWED) What sort of work has/had your spouse done most of his/her life?

_____

16. In which of these general groups did your total family income fall last year -- before taxes, that is?

    2. $2,000 - $2,999
    3. $3,000 - $4,999
    4. $5,000 - $5,999
    5. $6,000 - $6,999
    6. $7,000 - $7,999
    7. $8,000 - $9,000
    8. $10,000 - $14,999
    9. $15,000 - $19,999
    10. $20,000 - $24,999
    11. $25,000 - $29,999
    12. $30,000 - or over
    13. Don't know; refused
        ESTIMATE: $ _____

Part II Family Problems

There are many problems that come up in every family, and we're doing a study of the problems people have and the way they try to solve them. I'm going to read you a list of some of the problems families have. Please tell me which of these your family has had in the past year.

		Check if this occurred 1. yes 2. no		(For all mentioned) Who did this happen to? (e.g., R, spouse of R, child, grandchild, etc.)
17.	Death of a family member	1	2	
18.	Divorce	1	2	
19.	Marital separation	1	2	
20.	Personal injury	1	2	
21.	Personal illness	1	2	
22.	Marriage	1	2	
23.	Laid off at work	1	2	
24.	Marital reconciliation	1	2	
25.	Retirement	1	2	
26.	Poorer in health for family member	1	2	
27.	Better in health for family member	1	2	
28.	Pregnancy	1	2	
29.	Sex difficulties	1	2	
30.	Gain of new family member	1	2	
31.	Business readjustment	1	2	
32.	Change in financial state	1	2	
33.	Death of close friend	1	2	
34.	Change to different line of work	1	2	
35.	More arguments with spouse	1	2	
36.	Less arguments with spouse	1	2	
37.	Mortgage over $10,000	1	2	
38.	Foreclosure of mortgage or loan	1	2	
39.	Change in responsibilities at work	1	2	
40.	Son or daughter leaving home	1	2	
41.	Grandchild leaving home	1	2	
42.	Trouble with in-laws	1	2	
43.	Outstanding personal achievement	1	2	
44.	Someone began or stopped work	1	2	
45.	Someone began or finished school	1	2	
46.	Change in living conditions	1	2	
47.	Revision of personal habits	1	2	
48.	Trouble with boss	1	2	
49.	Change in work hours or conditions	1	2	
50.	Change in residence	1	2	
51.	Change in schools	1	2	
52.	Change in recreation	1	2	
53.	Change in church activities	1	2	
54.	Change in social activities	1	2	
55.	Mortgage or loan less than $10,000	1	2	
56.	Change in sleeping habits	1	2	

		Check if this occurred 1. yes 2. no		(For all mentioned) Who suffered this? (e.g., R, spouse of R, child, grandchild, etc.)
57.	More family get-togethers	1	2	
58.	Fewer family get-togethers	1	2	
59.	Change in eating habits	1	2	
60.	Vacation	1	2	
61.	Someone coming to visit overnight	1	2	
62.	Minor violations of the law	1	2	

Part III - On Attitudes Toward Family Situations

I am going to list a number of things about family life. I want you to tell me if you agree or disagree:

	1	2	
63.	Agree	Disagree	It is normal for people in families to argue a lot.
64.	Agree	Disagree	Most parents and grandparents think differently about how children should be raised.
65.	Agree	Disagree	When two people disagree about something, it is better if they keep quiet about it.
66.	Agree	Disagree	Discussing family problems creates more trouble than it solves.
67.	Agree	Disagree	When someone is very stubborn, sometimes hitting them is the only way to get your point across.
68.	Agree	Disagree	When raising children, a good spanking is often necessary.
69.	Agree	Disagree	I get very aggravated with things that happen at work.
70.	Agree	Disagree	I get very aggravated with things that happen at home.
71.	Agree	Diagree	When I get frustrated I want to hit someone.
72.	Agree	Disagree	When something goes wrong I just want to cry.
73.	Agree	Disagree	A person who isn't willing to use force once in a while gets pushed around.
74.	Agree	Disagree	Sometimes families may have to get help from people outside the family.
75.	Agree	Disagree	Grandparents really ought to do something if they think their grandchildren aren't being properly taken care of.
76.	Agree	Disagree	A real man has to be willing to fight for what he wants if necessary.
77.	Agree	Disagree	Women are really better off than they realize.
78.	Agree	Disagree	Families should be able to take care of their own problems instead of asking for help from anyone else.
79.	Agree	Disagree	It is really better if people from different generations keep their lives separate.

For each area of life I am going to name, tell me the number that shows how much satisfaction you get from that area.

SHOW CARD A

80. The city or place you live in.

Very Satisfied				Not at all Satisfied
1	2	3	4	5

81. Your non-working activities -- hobbies and so on.

Very Satisfied				Not at all Satisfied
1	2	3	4	5

82. Your family life.

Very Satisfied				Not at all satisfied
1	2	3	4	5

83. Your friendships:

Very Satisfied				Not at all Satisfied
1	2	3	4	5

84. The things you have, like your home, furniture, car?

Very Satisfied				Not at all Satisfied
1	2	3	4	5

85. The amount of money you have?

Very Satisfied				Not at all Satisfied
1	2	3	4	5

86. Your health and physical condition.

Very Satisfied				Not at all Satisfied
1	2	3	4	5

SHOW CARD B

87. Taking things all together, how would you describe your marriage? Would you say that your marriage is very happy, pretty happy, or not too happy?

Very Happy				Not at all Happy
1	2	3	4	5

88. Taken all together, how would you say things are these days -- would you say that you are very happy, pretty happy, or not too happy?

Very Happy				Not at all Happy
1	2	3	4	5

89. Now I'd like you to think of the things which aggravated you most -- made you most unhappy -- in the past month. Would you list the 3 most important

1. _____
2. _____
3. _____

90. Would you think for a minute about the one that bothers you the most. Which one is that?

____ #1
____ #2
____ #3

Now, for this (name item) would you please tell me:

91. Where did it occur?

___1 home
___2 work
___3 other (specify_____)

92. Did it involve another person?

___1 yes (go on to Q 93)
___2 no (go to Part IV, p. 10)

93. (IF YES)
Who was it?

___1 spouse
___2 child
___3 boss
___4 co-worker
___5 other relative
___6 friend
___7 neighbor
___8 other (specify_____)

94. How did you feel?

I wanted to:

___1 hit him/her
___2 cry
___3 talk to that person
___4 talk to someone else
___5 have a drink
___6 other (specify_____)
___7 do nothing

95. What did you do?

___1 hit him/her
___2 cry
___3 talk to that person
___4 talk to someone else
___5 had a drink
___6 other (specify)
___7 do nothing

96. What did the other person do?

___1 hit you
___2 cry
___3 talk to you
___4 talk to someone else
___5 had a drink
___6 other (specify)
___7 notning

PART IV Handling Family Conflict

97. In all families where there are children, there are times when it is necessary to punish them or to correct their behavior in some way. Tell me, when you were a child, what kinds of measures did your parents use to correct your behavior?

SHOW CARD C

1-Yes	2-No	a.	Spanking
1-Yes	2-No	b.	Talking or discussing it
1-Yes	2-No	c.	Taking away treats (TV, desserts, candy)
1-Yes	2-No	d.	"Grounding" (e.g., keeping you in the house)
1-Yes	2-No	e.	Assigning extra chores
1-Yes	2-No	f.	Other (_____)

98. When you were a child, who usually did the punishing?
1. Always father
2. Both, father more than mother
3. Both equally
4. Both, mother more than father
5. Always mother
6. Grandparent
7. Other (Who? _____)

99. (If R mentioned SPANKING): About how often did your parents punish you by spanking?
1. Daily
2. A few times a week
3. A few times a month
4. A few times a year
5. Once a year or less
0. Inapp. (never spanked)

100. (If R has children): With regard to your own children, what kinds of measures did you use to make your children behave?

1-Yes	2-No	a.	Spanking
1-Yes	2-No	b.	Talking or discussing it
1-Yes	2-No	c.	Taking away treats (TV, desserts, cnady)
1-Yes	2-No	d.	"Grounding" (e.g., keeping them in the house)
1-Yes	2-No	e.	Assigning extra chores
1-Yes	2-No	f.	Other (_____)

101. With your own children, who usually did the punishing?
1. Always father
2. Both, father more than mother
3. Both equally
4. Both, mother more than father
5. Always mother
6. Grandparent
7. Other (Who? _____)
0. Inapp. (no children)

102. (If R mentioned SPANKING):
About how often did you find it necessary to spank your children?
1. Daily
2. A few times a week
3. A few times a month
4. A few times a year
5. Once a year or less
0. Inapp. (no children or no spanking)

103. No matter how well a family gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights, because they're in a bad mood or tired or something. They also use many different ways of trying to settle their differences.

I'm going to read a list of some things that you and your (wife/husband) might have done when you had a dispute. I would first like you to tell me whether either you or your (husband/wife) ever did each of these things.

SHOW CARD D

CODE BELOW

a. Had a drink so we would forget about it
b. Insulted or swore at the other
c. Sulked or refused to talk
d. Cried
e. Threw, hit, or kicked something
f. Threw something at the other
g. Pushed, grabbed, or shoved the other
h. Slapped the other
i. Kicked, bit, or punched the other
j. Beat up the other
k. Choked or tried to choke the other
l. Used a knife or gun
m. Tried to use a knife or gun
n. Other (_____)

104. (For each mentioned): About how often did this happen between you and your (wife/husband?)

CODE BELOW

1. Once a year or less
2. A few times a year
3. A few times a month
4. A few times a week
5. Everyday
0. Inap (never did)

105. Which one of you has (mention action)?

CODE BELOW

1. Husband
2. Wife
3. Both
0. Inapp. (never did)

	Q. 103 Ever Happen		Q. 104 How Often?						Q. 105 Who Did It?			
	Yes	No	1/yr or less	few times a yr.	few times a mo.	few times a wk.	every day	Inap.	Husband	Wife	Both	Inap
a. DRINK	1	2	1	2	3	4	5	0	1	2	3	0
b. INSULT, SWORE	1	2	1	2	3	4	5	0	1	2	3	0
c. SULK, REFUSE TALK	1	2	1	2	3	4	5	0	1	2	3	0
d. CRIED	1	2	1	2	3	4	5	0	1	2	3	0
e. THREW,HIT,KICK OBJ.	1	2	1	2	3	4	5	0	1	2	3	0
f. THREW OBJ. AT OTHER	1	2	1	2	3	4	5	0	1	2	3	0
g. PUSH, GRAB, SHOVE	1	2	1	2	3	4	5	0	1	2	3	0
h. SLAP	1	2	1	2	3	4	5	0	1	2	3	0
i. KICK, BITE, PUNCH	1	2	1	2	3	4	5	0	1	2	3	0
j. BEAT UP	1	2	1	2	3	4	5	0	1	2	3	0
k. CHOKE, TRY CHOKE	1	2	1	2	3	4	5	0	1	2	3	0
l. USE KNIFE, GUN	1	2	1	2	3	4	5	0	1	2	3	0
m. TRY KNIFE, GUN	1	2	1	2	3	4	5	0	1	2	3	0
n. OTHER (_____)	1	2	1	2	3	4	5	0	1	2	3	0

106. Problems also come up in families after children grow up. Sometimes people have disagreements with their adult children, and they react to these disagreements in different ways. I would like you to tell me whether you and your (sons/daughters) have done any of these things in the past few years.

a. Had a drink so we could forget about it
b. insulted or swore at the other
c. sulked or refused to talk
c. cried
e. threw, hit, or kicked something
f. threw something at the other
g. pushed, grabbed, or shoved the other
h. slapped the other
i. kicked, bit, or punched the other
j. beat up the other
k. choked or tried to choke the other
l. used a knife or gun
m. tried to use a knife or gun
n. Other (_____)

CODE BELOW

107. (For each mentioned): About how often did this happen between you and your children

1. once a year or less
2. a few times a year
3. a few times a month
4. a few times a week
0. Inap. (never did)

CODE BELOW

108. Which one of you has (mention action)?

1. child
2. parent
3. both
0. inap. (never did)

CODE BELOW

	Q. 106 Ever Happen		Q. 107 How Often?					Q. 108 Who Did It?			
	Yes	No	1/yr or less	few times a yr.	few times a mo.	few times a wk.	Inap.	Child	Parent	Both	Inap
a. DRINK	1	2	1	2	3	4	0	1	2	3	0
b. INSULT, SWORE	1	2	1	2	3	4	0	1	2	3	0
c. SULK, REFUSE TALK	1	2	1	2	3	4	0	1	2	3	0
d. CRIED	1	2	1	2	3	4	0	1	2	3	0
e. THREW,HIT,KICK OJD.	1	2	1	2	3	4	0	1	2	3	0
f. THREW OBJ. AT OTHER	1	2	1	2	3	4	0	1	2	3	0
g. PUSH, GRAB, SHOVE	1	2	1	2	3	4	0	1	2	3	0
h. SLAP	1	2	1	2	3	4	0	1	2	3	0
i. KICK, BITE, PUNCH	1	2	1	2	3	4	0	1	2	3	0
j. BEAT UP	1	2	1	2	3	4	0	1	2	3	0
k. CHOKE, TRY CHOKE	1	2	1	2	3	4	0	1	2	3	0
l. USE KNIFE, GUN	1	2	1	2	3	4	0	1	2	3	0
m. TRY KNIFE, GUN	1	2	1	2	3	4	0	1	2	3	0
n. OTHER (_____)	1	2	1	2	3	4	0	1	2	3	0

109. Have you ever been punched or beaten by another person including any you have mentioned already?

1. YES (ask Q 110, 111, 112) (including any you have mentioned already)
2. NO
(GO TO Q 113)

110. (If yes) Did this happen to you as a child or as an adult.

1. Child ____
2. Adult ____
3. Both ____
0. dk, Inap ____

111. How many times would you guess this happened to you?

1. Once
2. 2 or 3 times
3. 4 or more times
4. Not sure
0. Inap

112. Who did this to you? (check all that apply)

1. Parent
2. Spouse
3. Child
4. Grandchild
5. Other family member
6. Friend
7. Stranger
8. Other (Who? _____)

113. (For Everyone) Have you ever been threatened with a gun, or shot at?

1. Yes (ask Q 114, 115, 116)
2. No (see note at top of p. 14)
0. dk

114. (If yes) Did this happen to you as a child or as an adult?

1. Child
2. Adult
3. Both
0. dk

115. How many times would you guess this has happened to you?

1. Once
2. 2 or 3 times
3. 4 or more times
4. Not sure

116. Who did this to you? (check all that apply)

1. Parent
2. Other relative
3. Friend
4. Stranger
5. Other

[INTERVIEWER: If R answered YES to Q 109 or Q 113, go on to Q 117]

If R answered NO to Both, go to Part V, p. 16]

(If Respondent has indicated any incident in that he/she was hurt or threatened) ASK:

117. You have told me that you were once (mention incident). When this happened to you, what kinds of things did you do? (check all that apply)

[Q- 118. If more than one incident mentioned

	YES	NO			Did every time	Nearly every time	Less often
	1	2	1.	called police	1	2	3
SHOW	1	2	2.	called a doctor	1	2	3
CARD	1	2	3.	called ambulance	1	2	3
E	1	2	4.	called a relative	1	2	3
	1	2	5.	called a friend	1	2	3
	1	2	6.	called a neighbor	1	2	3
	1	2	7.	called someone else (Who? _____)	1	2	3
	1	2	8.	went to a hospital	1	2	3
	1	2	9.	too dazed to do anything	1	2	3
	1	2	10.	don't remember	1	2	3

118. (If more than one threatening incident was mentioned): Did you do each of these things every time you were hurt or threatened or only some of the time?

1. Every time
2. Nearly every time [code above]
3. Less often
0. Inap.

119. (If R answered 6 or 7 ask): You have said you called (list person mentioned). What did that person do? (check all that apply)

(If 6 or 7 not checked, go to Q 120)

1. called police
2. called a doctor
3. called ambulance
4. called a relative
5. called a friend
6. called a neighbor
7. called someone else (Who? _____)
8. went to a hospital
9. too dazed to do anything
10. don't remember

120. Did you have any problems after you were hurt or threatened that were related to or caused by the experience?

1. Yes
2. No
0. Don't know

121. (IF YES) What kinds of problems were they? (Check all that apply)

1. health problems (sick, injury)
2. financial
3. fixing or replacing damaged property
4. feeling upset
5. other (what?) _____

122. Did you try to get help from anyone in dealing with these problems?

1. Yes
2. No

123. Who did you go to for help? (check all that apply)

1. Police
2. Lawyer
3. Doctor
4. Minister
5. Friend
6. Relative
7. Social Agency (What kind?) _____
8. Other (Who?) _____

124. Did you receive any help from them?

1. Yes
2. No.

If yes, who in Question 23 helped you? _____.

125. What did they do? (list all that apply)

1. Help with health problems
2. Help with legal problems
3. Help with money problems
4. Help with errands
5. Talked to me about it
6. Other _____

126. How satisfied were you with the help you received?

Very satisfied — Not at all satisfied

1 2 3 4 5

127. Were there any kinds of help you needed but did not ask for?

1. Health problems (sick, injury)
2. Financial
3. Fixing or replacing damaged property
4. Feeling upset
5. Other (What?)_____

128. Why didn't you ask for help with this problem?

1. Didn't know who to ask
2. No one would care
3. Other (_____)

PART V: OTHER ABUSE

129. Some older people complain that other people try to get them to give up their money. This could be people they meet on the street or their children or someone else in the family.

Has anyone ever done this to you.....tried to get you to give them your money or property?

Yes_____ No_____

130. (IF YES) Who was this person?

a. friend
b. neighbor
c. spouse
d. child
e. grandchild
f. other (specify) _____

131. Some older people complain that they aren't allowed to decide if they want to move or enter a nursing home; that other people such as family members make this decision for them.

Has anyone ever done or tried to do this to you?

1. Yes_____ 2. No____

132. (IF YES) Who was it?

a. friend
b. neighbor
c. spouse
d. child
e. grandchild
f. other (specify)_____

133. Some people complain that when they become older, they have a hard time getting the medical care that they need, such as not being taken to the doctor's when they feel sick.

Have you ever had trouble getting needed medical care?

Yes_____ No_____

134. (IF YES), what happened?

SHOW CARD F

a. Couldn't get to the doctor
b. Couldn't get medicine that doctor prescribed
c. Couldn't get false teeth
d. Couldn't get hearing aid
e. Couldn't get glasses
f. Other (specify) _____

135. Some people complain that when they get older, people don't treat them with much respect.....they're yelled at, threatened, and so on.

Have any of these things happened to you?

YES	NO		
1	2	1.	yelled at a lot
1	2	2.	threatened
1	2	3.	criticized
1	2	4.	called names
1	2	5.	other (specify) _____

136. (IF YES), who did this to you?

1. spouse
2. friend
3. neighbor
4. child
5. grandchild
6. sibling
7. other (specify)_____

Some people complain that when they get older they can't do some things that they used to be able to do.

Have you had any of these problems?

137. Needed help getting in and out of bed

1. Yes_____ 2. No_____

138. Needed help getting to the bathroom

1. Yes_____ 2. No_____

139. Needed help bathing, shaving, etc.

1. Yes_____ 2. No_____

140. Needed help preparing food

1. Yes_____ 2. No_____

141. Needed help feeding yourself

1. Yes_____ 2. No_____

142. Needed help dressing yourself

1. Yes_____ 2. No_____

143. Needed help keeping house clean

1. Yes_____ 2. No_____

144. Needed help measuring medicine

1. Yes_____ 2. No_____

145. Needed help getting food

1. Yes_____ 2. No_____

146. Other (specify) _____

[If R answered NO to ALL of the items in Q 137 through Q 146) go to Q 149]

147. (IF YES), are you able to get this help?

Yes_____ No_____

148. (IF YES), who helps you?

1. spouse
2. friend
3. neighbor
4. child
5. grandchild
6. brother
7. sister
8. other (specify)_____

149. Some people complain that when they get older people don't let them do things that they'd like to do, like visit friends, go shopping, attend church, visit relatives.
Has anyone ever stopped you from doing these things?

Yes____ No____

150. (IF YES), what thing(s) weren't you allowed to do?

a. visit family
b. visit friends
c. someone in the hospital
d. go to church
e. go shopping
e. other (specify _____)

PART VI: Contacts With Family And Friends

Now we would like to discuss your relations with family and friends.
(REFER BACK TO PAGE 1:L If R reports he/she lives with someone):

151. Could you please describe how satisfied you are with your relationship with the people you live with

Very satisfied				Not at all satisfied
1	2	3	4	5

152. (FOR ALL): Do you have relatives living nearby or in the same neighborhood?

1. YES _____ 2. NO ____

153. (If yes) About how many relatives is that? _____ (list number)

154. How often do you interact with these relatives?
(If more than one relative mentioned, code for the one most frequent)

1. Daily
2. Several times a week
3. Once a week
4. Once or twice a month
5. Several times a year
6. Less often

155. How satisfied are you with your relationship with these relatives?

Very satisfied				Not at all satisfied
1	2	3	4	5

156. When was the last time you saw a relative that you do not live with?

1. Today
2. In the past week
3. In the past month
4. Over a month ago

157. How many close friends do you have living in the neighborhood? _____ (list number)

158. Describe your relationship with these friends.

SHOW CARD A

Very satisfied				Not at all satisfied
1	2	3	4	5

159. How many friends do you have living outside the area but in Metro Detroit? _____(list number)

160. Describe your relationship with these friends

Very satisfied				Not at all satisfied
1	2	3	4	5

161. How often do you interact with your friends (those outside the neighborhood but in the Detroit area)?

1. daily
2. several times a week
3. once a week
4. once or twice a month
5. several times a year
6. less often

We've talked about a number of people that you know, like people you live with, your children, other relatives or friends who live nearby, or farther away. I'm going to list a number of things people do with each other.

I want you to tell me if you have done any of these things with someone in the past few months (code below):

SHOW CARD G

Circle appropriate number

Things done with/for someone	R did this		Person done with					
	Yes	No	a H H memb	b son/ dau	c oth rel near	d oth rel far	e friend near	f friend far
162. Eat-restaurant	1	2						
163. Visit someone	1	2						
164. Movie,sport, show	1	2						
165. Someone visits with you	1	2						
166. Take trip	1	2						
167. Go shopping	1	2						
168. Talk on telephone	1	2						
How about some things that you might have done for someone else in the past few months?								
169. Take care of children	1	2	1 2	1 2	1 2	1 2	1 2	1 2
170. Help with household tasks	1	2	1 2	1 2	1 2	1 2	1 2	1 2
171. Take care of house when they are away	1	2	1 2	1 2	1 2	1 2	1 2	1 2
172. Talk to them when they are worried	1	2	1 2	1 2	1 2	1 2	1 2	1 2
173. Give them advice in making decisions	1	2	1 2	1 2	1 2	1 2	1 2	1 2
174. Help giving or lending money money	1	2	1 2	1 2	1 2	1 2	1 2	1 2
How about some things that someone else might have done for you in the past few months?								
175. Help with household tasks	1	2	1 2	1 2	1 2	1 2	1 2	1 2
176. Take care of the house when you're away	1	2	1 2	1 2	1 2	1 2	1 2	1 2
177. Talk to you when you're worried	1	2	1 2	1 2	1 2	1 2	1 2	1 2
178. Give you advice in making decisions	1	2	1 2	1 2	1 2	1 2	1 2	1 2
179. Help by giving or lending money	1	2	1 2	1 2	1 2	1 2	1 2	1 2

PART VI: CONTACTS WITH COMMUNITY AGENCIES

Now I'm going to read some kinds of groups and the special things they do for people. Would you please tell me if you have ever used <u>any</u> group in the community to provide such services.

	Check (X) if R has ever used	Did R use to help in dealing with a family problem? (yes) (no)	Was it helpful in dealing with the problem? (yes) (no)	If not used would R use it if he/she had a family problem? (yes) (no)
180. A group like a church that has social gatherings (like bingo or dances	_____	___ ___	___ ___	___ ___
181. A group <u>not</u> a church that has such gatherings	_____	___ ___	___ ___	___ ___
182. A group that provides such social gatherings, especially for older adults	_____	___ ___	___ ___	___ ___
183. A group that provides meals at a center for older adults	_____	___ ___	___ ___	___ ___
184. A group that provides meals at home for older adults	_____	___ ___	___ ___	___ ___
185. A group that provides transportation for older people	_____	___ ___	___ ___	___ ___
186. A group that provides financial help like Social Security or Old Age Assistance	_____	___ ___	___ ___	___ ___
187. A group that provides counseling for problems like a family service group	_____	___ ___	___ ___	___ ___
188. A group that provides medical care, like a clinic	_____	___ ___	___ ___	___ ___

189. We've been talking about problems and activities in families. Are there any other things you would like to add about any of these things?

_____

_____

Say to Respondent: THANK YOU FOR YOUR COOPERATION!!!

APPENDIX F

CONTROL GROUP INTERVIEW FORM

QUESTIONNAIRE ABOUT PROBLEMS OF ELDER PEOPLE AND THEIR FAMILIES

We are going to ask you some questions about some of the problems which you and your family have had.
Please remember that anything you tell us will never be told to anyone else.
No one will ever know what you wrote.

A. All families have problems come up sometimes. Here is a list of some problems that people have.
Please circle YES for any problems which you and your family have had in the PAST YEAR:

YES 1. Someone in your family died
YES 2. You or a relative got a divorce or their marriage broke up
YES 3. You were injured or ill
YES 4. Someone in your family was injured or ill
YES 5. You had arguments or fights with someone in your family
YES 6. You or someone in your family didn't have enough money to live on.

B. Many older people find that they can't do all the things they need to do, like cook or clean or go to the store.
Please circle YES for any things which you have trouble doing by yourself:

YES 1. Cooking meals
YES 2. Cleaning the home
YES 3. Buying food at the store
YES 4. Going to the doctor
YES 5. Going to other places you need to go

C. Another problem that older people complain about is that:
Other people try to cheat them or take things from them-or hurt them in some way.
This could be someone you didn't know-or someone you knew a little-or even a friend or a member of your family.
Circle YES for any of these things that ever happened to you:
For each thing that happened to you:
Circle the NUMBER of the person that did this, and
Circle the NUMBER which shows when it happened.

YES 1. Someone took money or tried to take money from you
(IF YES):1a.This person was:
1. Someone I didn't know
CIRCLE 2. Someone I knew a little
ONE OR 3. A close friend
MORE 4. A relative or member of my family

1b. It happened:
1. Only once
2. 2-5 times
3. More than 5 times

1c. This happened:
1. In the past year
2. 2-5 years ago
3. 5 to 10 years ago
4. More than 10 years ago

YES 2. Someone got into your home or tried to get into your home when you didn't want them to.

(IF YES):2a. This person was:
1. someone I didn't know
CIRCLE 2. someone I knew a little
ONE OR 3. a close friend
MORE 4. a relative or member of my family

2b. It happened
CIRCLE 1. only once
ONE OR 2. 2-5 times
MORE 3. More than 5 times

2c. This happened:
1. In the past year
2. 2-5 years ago
3. 5 to 10 years ago
4. More than 10 years ago

YES 3. Someone broke or damaged your home or something else that belonged to you:

(IF YES):3a. This person was:
1. someone I didn't know
2. someone I knew a little
3. a close friend
4. a relative or member of my family

3b. It happened:
1. only once
2. 2-5 times
3. More than 5 times

3c. This happened:
1. In the past year
2. 2-5 years ago
3. 5-10 years ago
4. More than 10 years ago

YES 4. Someone made you move from your home or tried to make you move when you didn't want to:

(IF YES):4a. This person was:
1. someone I didn't know
2. someone I knew a little
3. a close friend
4. a relative or member of my family

4b. It happened:
1. Only once
2. 2-5 times
3. More than 5 times

4c. This happened:
1. In the <u>past year</u>
2. 2-5 years ago
3. 5 to 10 years ago
4. More than 10 years ago

YES 5. You needed food or clothes or medicine and someone refused to help you get it:

(IF YES):5a. This person was:
1. Someone I didn't know
2. Someone I knew a little
3. A close friend
4. A relative or member of my family

5b. It happened:
1. Only once
2. 2-5 times
3. More than 5 times

5c. This happened:
1. In the <u>past year</u>
2. 2-5 years ago
3. 5 to 10 years ago
4. More than 10 years ago

YES 6. Some people complain that people upset them by the things that they say to them or by the names that they call them. Has this ever happened to you?

(IF YES):6a. This person was:
1. Someone I didn't know
2. Someone I knew a little
3. A close friend
4. A relative or member of my family

6b. It happened:
1. Only once
2. 2-5 times
3. More than 5 times

6c. This happened:
1. In the <u>past year</u>
2. 2-5 years ago
3. 5 to 10 years ago
4. More than 10 years ago

YES 7. Some people complain that sometimes other people hurt or try to hurt them in some way, like hit them or push them or beat them up. Has anyone ever done this to you? It could be someone you don't know or someone you know, or even a member of your family.

(IF YES):7a. This person was:
1. Someone I didn't know
2. Someone I knew a little
3. A close friend
4. More than 10 years ago

7b. It happened:
1. Only once
2. 2-5 times
3. More than 5 times

7c. This happened:
1. In the <u>past year</u>
2. 2-5 years ago
3. 5 to 10 years ago
4. More than 10 years ago

YES 8. Has anyone ever used or tried to use a gun or a knife to hurt you?

(IF YES):8a. This person was:
1. Someone I didn't know
2. Someone I knew a little
3. A close friend
4. A relative or member of my family

8b. It happened:
1. Only once
2. 2-5 times
3. More than 5 times

8c. This happened:
1. In the <u>past year</u>
2. 2-5 years ago
3. 5 to 10 years ago
4. More than 10 years ago

D. 1. Some people live with their families and other people live alone.
Do you live with alone or with someone? (CIRCLE 1 or 2)

CIRCLE ONE OR TWO
1. Alone
2. With someone else

(IF WITH SOMEONE ELSE): put a circle around the NUMBER of each type of person that lives in your house or apartment :

CIRCLE AS MANY AS YOU NEED
1. husband or wife
2. son or daughter
3. grandchild
4. brother or sister
5. other relative
6. someone else who is not a relative

2. Some people have relatives who live nearby.
Please circle the NUMBER of any person in your family who lives near enough for you to see them once in a while:

1. son or daughter
2. grandchild
3. brother or sister
4. other relative

3. Some people visit their relatives more often then others.
Circle YES for any of these things that happened in the past month:

YES 1. you visited one of your relatives
YES 2. one of your relatives visited you.

E. Communities have a number of things which older people like to do.
Have you done any of these things in the past month?
Circle YES for each one you did:

YES 1. go to church
YES 2. go to a community center that has games or dances or other activities
YES 3. go to a center that serves meals to older people
YES 4. go to a place where people can get help for problems
YES 5. go to a place where people can get money to help them with their problems

F. Taking together all things, how would you say things are these days?
Would you say that you are:

CIRCLE ONE NUMBER
1. very happy
2. pretty happy
3. neither happy nor unhappy
4. not too happy
5. not at all happy

Please list the following information about yourself:

1. What is your age? _____

2. Are you male or female? _____

3. Are you: (circle) Black White Other race

4. What is your religion?

CIRCLE ONE
a. Protestant
b. Catholic
c. Jewish
d. Other
e. No religion

5. Are you now working at a job? YES NO
(If YES: What kind of job is that? _____)

6. What kind of work have you done most of your life?

_____

7. Show whether the home you are now living in is:

CIRCLE ONE
a. A house
b. An apartment
c. A senior citizens' center
d. Other (please describe _____)

8. Do you own your home or rent?

CIRCLE ONE
a. Own my home
b. Rent
c. Other (for example, live with a relative who does not charge rent)

9. About how much money do you have each month to live on?

a. Less than $100 per month
b. $100 to $199
c. $200 to $299
d. $300 to $399
e. $400 to $499
f. $500 to $599
g. $600 to $699
h. $700 per month or above

APPENDIX G

PAPER:

"TECHNIQUES OF IDENTIFYING ABUSED ELDERS."
(M. SENGSTOCK AND S. BARRETT)

Techniques of Identifying Abused Elders

by

Mary C. Sengstock, Ph.D.
Department of Sociology
Wayne State University

Sara Barrett, R.N., B.A.
Institute of Gerontology
Wayne State University

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Review of Literature

The area of abuse of the elderly is one which has been largely neglected by those concerned with the field of gerontology (Block and Sinnott, 1980; Lau and Kosberg, 1979). Thus far, the majority of victimization studies which have been conducted on this segment of the population have focused their attention on the area of criminal victimization, specifically in the areas of personal and property crimes. However, it has been observed that abuse may pose a problem for at least four percent of the elderly population (Block and Sinott, 1980). Thus, its actual prevalence and significance as a problem are now being recognized.

It should be noted that the major studies on abuse are limited in at least two respects. Their sample sizes are small, making it difficult to establish any significant generalizations concerning the characteristics and extent of this problem. Further, data which have been gathered for these studies have been gathered from case records or from those assisting abused persons. Thus far, studies have not contained data which have been collected directly from the victim. Hence, it is possible that the information contained within such studies may not be totally objective concerning victims' perceptions of their respective victimizations. With these limitations in mind, we will now turn to a discussion of the literature available concerning the characteristics of this problem.

The literature available on this topic delineates four major areas under which a case of abuse may be defined. The first, physical abuse, includes direct physical assaults and beatings or the threat of such action (Douglass, et. al., 1980; Lau and Kosberg, 1979). Psychological abuse encompasses such offenses as verbal threats, and insults, infantilization and forced environmental changes such as forcing an elderly person to give up his house, necessitating

his move into a nursing home (Krasnow and Fleshner, 1979; Douglass, et. al., 1980; Lau and Kosberg, 1979). The area of material abuse includes acts such as the misusage of the victim's money and property (Block and Sinnott, 1979). Deprivational abuse involves such measures as withholding food and medical treatment from the victim; essentially, this area includes neglect on the part of the caretaker to provide the victim with his basic needs (Krasnow and Fleshner, 1979; Douglass, 1980). Of the above categories, it has been found that psychological abuse is the most prevalent form of abuse among this age group (Douglass, 1980; Block and Sinnott, 1979), although most victims suffered from more than one form of abuse (Lau and Kosberg, 1979).

Studies thus far have indicated that those who abuse the elderly are most often family members (Lau and Kosberg, 1979; Block and Sinnott, 1979). More specifically, both studies found that females were the most frequent offenders. Block and Sinnott (1979) reported that they found most abusers to be white (88%), middle-class (65%), and middle-aged (53%). According to this study, most abusers acted because of psychological (58%) rather than economic (31%) or unknown reasons.

In determining the characteristics of victims of abuse, it has been found that most are women and white. The majority of victims lived with family members and suffered from at least one form of physical impairment (Block and Sinnott, 1979; Lau and Kosberg, 1979). Lau and Kosberg (1979) found that 41% of the victims in their sample also suffered from confusion or senility while Block and Sinnott (1979) reported that 62% of their sample presented symptoms of mental impairment. Economically, Block and Sinnott (1979) found that victims were evenly divided between the lower and middle classes.

A number of explanations concerning the causative factors of this problem have been postulated by those concerned with the area of abuse of the elderly.

Some recognize abuse as being the result of a developmental dysfunction on the part of the abusive individual, rendering this person incapable of developing or maintaining a close, interpersonal relationship with another individual. Thus, the parent is incapable of relating normally to his child; the child in turn views this behavior as normative and abuses his parent (Douglass, et. al., 1980; Lau and Kosberg, 1979).

The second possible explanation which is offered by the literature cites abuse as being caused by the proximity of the victim to an individual who is suffering from a psychopathological problem (Douglass, et. al., 1980; Lau and Kosberg, 1979). Thus, the victim of this type of situation becomes a victim, not because he has done something to provoke abusive behavior on the part of the abuser; he is abused because he was in the wrong place at the wrong time.

It has also been recognized that situational factors such as poverty, isolation on the part of caretakers or lack of family support from other family members may cause caretakers to abuse the elderly for whom they are caring. Douglass, et. al. (1980) found that this cause was infrequently mentioned as being a cause of abuse by professionals who were questioned concerning this problem; they found, however that the victim's proximity to a person suffering from a psychopathological problem was the reason most frequently mentioned in explaining this type of behavior.

While an attempt has been made to isolate the characteristics of abuse among the elderly and to pinpoint which individuals are most likely to be victims or abusers, the knowledge that we have concerning identification of those who have been abused remains quite limited. Of primary importance is the probability that abuse of the elderly is greatly underreported (Douglass, et. al., 1979; Lau and Kosberg, 1979). This is similar to the situation with most

domestic violence, and for the same reasons. These reasons include both a reluctance on the part of victims to report their abuse, and hesitance on the part of official agencies to invade the privacy of the home.

1. Reluctance of Victims to Report

It has been noted that victims of domestic violence are more reluctant to report their victimization than other victims. Several reasons for this pattern have been suggested. One commonly recognized reason is what Steinmetz and Straus (1974: 7) refer to as "the myth of family consensus and harmony." The family is seen "as a center of solidarity and love" (Steinmetz and Straus (1974: 6). Cases of family violence which become known are viewed as abnormal exceptions. Consequently, people are embarrassed to admit that their own families depart from the presumed norm of harmony and love. As Gelles (1974: 40) notes, many people were incredulous as to the possibility of conducting research on family violence, asking, "Why would anyone tell you about that?" An admission of family violence suggests a failure in oneself for not having achieved the ideal of family harmony. Thus a battered elder may feel that he/she has failed by having raised an abusing child. It has also been noted that a desire to maintain the family's reputation and a desire to avoid embarrassment may serve as considerations which lead the abused person to the decision of not reporting the abuse to a professional (Lau and Kosberg, 1979).

Another reason for reluctance to report on the part of victims of domestic abuse is their fear of reprisals from the abuser. Such reprisals may involve the threat of further violence, the fear of losing support, or both. As Gelles (1974: 93) has pointed out, victims of domestic violence have "no place to go" where they can be free of the threat of furtner abuse. Such fears are commonly mentioned by abused wives as the reason they do not report the abuse (Michigan, 1977: 6-8). It has also been noted that domestic abuse victims are often

dependent upon their abusers. Thus many women remain with a violent husband because they have no means of support if they leave.

Both of these factors have been found to exist with the elderly. Thus Douglass, et al., (1979) recognized the fear of reprisal as a reason for nonreporting. Dependence of the victim upon the abuser is mentioned by Block and Sinnott (1979). In addition, Douglass, et. al., (1979) point out that many elderly decline to report the abuse because they fear the loss of the relationship with the abuser, who may be a beloved child and perhaps one's closest remaining relative.

With regard to the elderly, it has also been noted that reluctance to turn to professional agencies may stem from lack of knowledge or fear of the agencies themselves. It has been suggested that some victims may lack familiarity with the various systems of professionals who might be of service to them in dealing with the abusive situation. Thus, a number of factors such as disorientation, senility or a simple lack of knowledge concerning available services may render a victim incapable of reporting the fact that he has been abused (Lau and Kosberg, 1979). Those victims who are aware of available resources may still resist reporting the abuse because they feel incapable of coping with the responsibilities which may ensue if they do report (Lau and Kosberg, 1979). Possible court appearances or conversations with the police can be fear-provoking experiences in themselves.

For all of these reasons, some abuse victims are so reluctant to deal with the abuse that they will refuse professional help even if it is offered (Lau and Kosberg, 1979). Hence, dealing with elder abuse is a task requiring great care and tact. Block and Sinnott (1979: 92) suggest that civil rather than criminal means are more appropriate for dealing with elder abuse. One reason

is the lesser stigma which attaches to such a judgement, allowing both offender and victim to deal with the problem more easily.

2. Hesitance of Official Agencies to Intervene

Even if an abused victim decides to report his experience to some authority, it is not at all clear that he will receive any assistance in dealing with the matter. Thus, Block and Sinnott (1979) found that although 95% of their sample reported their victimization, no victim received assistance. This is similar to the pattern which appears with most domestic abuse. A tendency to "accept-and-hide" domestic violence has been encouraged by society as a whole, from friends and relatives of the violent family to official agenices. Wife abuse victims are often encouraged by their families to accept the situation (Michigan Women's Commission, 1977: 14). Marriage counselors and social workers often encourage the maintenance of family ties, even violent ones (1977: 83-84). Medical practitioners, who are most likely to see evidence of serious violence, often try to avoid dealing with domestic abuse, both of children (Kempe, 1962: 19) and adults (LEAA, 1977). Police and courts, normally the avenue of redress for the victim of criminal assault and/or civil injury, have largely ignored domestic assaults (Field and Field, 1973; Gelles, 1977: 61; Truninger, 1971). This is due partly to the belief that such things are best left a private matter, and partly to the recognition that domestic disturbance calls can be very dangerous for police (Calvert, 1977: 80; Straus, et al., 1980: 232-233).

Viewed from the perspective of complaints of the elderly, additional factors surface which further complicate the identification of victims. Among children, physical and psychological abuse or neglect may be suspected by the presence of symptoms such as bruises which can rarely be attributed to falling; malnutrition, such as abdominal distension; or abnormal psychosocial behavior,

such as an inability to make friends (Justice and Justice, 1976: 185-186). Among the elderly, such symptoms may be overlooked as being normal consequences of the aging process. Hence, in an elderly person, unusual bruising may be attributed to capillary fragility due to an age related disease process (The Merck Manual, 1977). Further complicating this situation is the fact that complaints of being abused may be regarded as the result of a senile mind or at least a person who is occasionally mentally confused. Thus, complaints from an individual who is considered to be elderly and who has suffered from an abusive situation may be ignored.

Hence, abuse of the elderly exists as a potential or real problem for susceptible elderly persons. While the characteristics of abuse among this age group have been addressed by the literature, little attention has been paid to the ways in which elderly victims are identified. The following analysis is an attempt to explore a major problem for victims and those attempting to assist them; specifically, it is an attempt to gain an understanding of the ways in which abuse against the elderly is identified by professionals working with this age group and problems arising from the process of identification.

Methodology

A questionnaire concerning the frequency and characteristics of victims of domestic abuse was developed and mailed to 302 social agencies in the Detroit Metropolitan Area. The questionnaire was co-sponsored by the authors under the auspices of the Institute of Gerontology (IoG) at Wayne State University, Detroit, Michigan and by the Spouse Abuse Project of the United Community Services of Metropolitan Detroit (UCS). The co-sponsorship by the two agencies was uniquely functional. IoG had the staff and facilities for data gathering and analysis, while UCS had previously collected data on spouse abuse and their co-sponsorship enabled the project to use their agency list.

It was also hoped that these agencies would be more likely to cooperate since United Community Services was an agency with which they had already developed an on-going relationship. Agencies which were surveyed ranged in type from hospitals and crisis centers to social service agencies. In addition to the questionnaire mailing, interviews were conducted with 32 agencies ranging from community centers to hospital emergency rooms concerning cases of abuse among the eldery seen by them and the ways in which they were identified.

Some caution should be observed in interpreting the results since few agencies kept statistics on abuse against the elderly. Only eight of the twenty-five agencies in the survey that reported such cases stated that they kept such statistics. As was found by one of the authors in the earlier analysis of spouse abuse (United Community Services, 1980), agencies which do not gather statistics concerning cases of domestic abuse often are unaware that some clients suffer from domestic violence problems. Thus it is quite possible that the data presented here are an underestimate of the extent of abuse in this area of the United States. It should also be noted that a small number of agencies reported data which included areas outside of the Metropolitan Area of Detroit. In these instances estimates have been calculated for the analysis based on relative population sizes for the area covered.

Data Analysis:

Frequency of Identification of Elder Abuse

The initial mailing of questionnaires elicited information from 100 agencies. Of these agencies, 25 reported that they had active cases of abused persons age 60 or older for the month of February, 1981. This report will summarize the reports of agencies which had observed some instances of elder abuse.

Of these agencies, most (16) had one or two cases of abused elders (see Table). Five agencies noted that they had three or four active cases. Four other agencies reported more than this. Three of these agencies had between 10 and 18 active cases of abuse among this age group. In addition, one agency reported seeing approximately 172 cases of elder abuse during this period of time. Agencies reporting the largest amount of elder abuse were public health departments, state funded social agencies, and agencies primarily concerned with the aged. Male victims accounted for 40% (103) of the cases reported while females accounted for 60% (155). Other studies (Block and Sinnott, 1979) have also shown that most victims are female. In addition, the agencies reported that 6 of the cases involved abuse so severe as to require emergency shelter to escape the abusive setting.

We do not have data concerning the total number of cases of all types seen by the agencies reporting; therefore, we cannot accurately estimate the proportion of their cases suspected of involving elder abuse. Nor can we estimate the total number of cases of elder abuse in the Detroit Metropolitan Area, since it is not known what percentage of cases come to the attention of agencies. However, these figures represent a total of 258 cases in Detroit area social agencies which involved elder abuse during a one-month period. Assuming that most agencies see each case for an average period of 3 months, representing a turnover of cases 4 times each year, this probably represents approximately 1,032 elder abuse cases identified as such by Detroit area social agencies each year.

Means of Identifying Elder Abuse

Data were also collected concerning the ways in which cases came to the attention of agency personnel. Seventeen agencies noted that a report by the

client of his abuse was at least one of the means by which the abusive situation was identified. Eight agencies reported that they learned of the abuse through a report from another agency. Physical symptoms such as cuts and bruises were a source of identifying abused elders for seven of the agencies while two of the agencies mentioned that they became aware of elderly victims from police reports. Six agencies noted that "other" means of identifying abused elders were also used. These other means included symptoms of neglect such as malnourishment in an elder not living alone and reports from family members, neighbors and friends. Dentists were particularily mentioned by some agencies as a source of referral. Most agencies (17) reported that two symptoms of abuse were present in cases in which they had identified abused elders.

Causes of Agency Non-Recognition of Elder Abuse

It is evident from interviews which were conducted with agency personnel that agencies often overlook abusive situations among their aged clients. Professionals interviewed often stated that if agency personnel were more aware of domestic abuse as a possible explanation for the client's problem, abuse might be found to be involved in far more cases in their agencies' files. Much abuse suffered by this age group is probably overlooked due to this lack of awareness. Several reasons were identified for the agencies' failure to recognize elder abuse. These include:

1. Hidden character of domestic abuse;
2. Reluctance of victims to report;
3. Inability of victims to recognize the existence of abuse;
4. Agency tendency to focus on obvious factors;
5. Professional and agency specialization;
6. Fear of legal action against agencies or professionals.

While previous studies have addressed the problems of the hidden character of abuse, the victim's reluctance to report the offence, and the tendency to treat presenting problems (Block and Sinnott, 1979; Douglass et al., 1980; Lau and Kosberg, 1979), the other reasons we delineate have been less thoroughly discussed.

Hidden Character of Domestic Abuse

It has often been noted (Steinmetz and Straus, 1974) that the problem of domestic abuse is usually not obvious when dealing with a client whether elderly or otherwise, unless the client reports the problem himself. At least five agencies stated that often a professional must become thoroughly familiar with the client's situation at home and the way in which family or family like members interact with one another before an abusive situation becomes apparent. Even with a lengthy relationship, however, the abuse may be too well hidden to allow recognition, especially in view of the fact that victims are often trying to prevent discovery.

Reluctance of Victims to Report

Victims often refrain from reporting the abuse for a variety of reasons. This fact has been noted by other studies (Lau and Kosberg, 1979) and was also mentioned by our agency respondents. Among the factors causing reluctance of victims to report is the likelihood of dependency on those who are guilty of the abuse or the existence of a strong emotional attachment to the abuser (Block and Sinnott, 1979; Douglass, 1980). It has already been noted that self-report is the method of identifying abuse which was used by the greatest number of agencies---over twice as many as mentioned the factor which was in second place. Since agencies rely so heavily on client reports, and since clients are so unlikely to report, it is not surprising that a diagnosis of abuse is so infrequent.

Inability of Victims to Recognize the Existence of Abuse

The task of identifying elderly victims of domestic abuse is further complicated by the fact that the victims themselves often fail to recognize their predicament. At least two agencies mentioned this problem. They noted that the professional assessment might clearly establish abuse but the victim

could not acknowledge the poor treatment which he received from family members. An example was related by a social worker who described an elderly man, dying of cancer, locked in his room, and lying in feces and urine. Although social workers attempted to point out to this man that he could improve his state of life, he did not want to believe that his family would treat him badly. Therefore, he did not define himself as abused. Thus it is not only that victims refuse to admit to others that they are abused. Often they do not even admit it to themselves.

Agency Tendency to Focus on Obvious Factors

Agency workers tend to focus on the most obvious cause for a client's problems. This topic has been the focus of a study by Lau and Kosberg (1979). For example, an aged person's malnutrition is usually attributed to poor eating habits, and a worker fails to explore the possibility that the individual may be neglected by family members. If agency workers were more aware of the possibility of abuse, they might find it to be a factor in more aged persons' problems. For example, a social worker who must place an aged person in a nursing home because of malnutrition and inadequate shelter may focus on the need for state financial aid. The existence of family neglect and/or financial abuse may not be considered. Unfortunately, some workers noted that financial abuse is often not recognized until a person's affairs are settled following his death.

Professional and Agency Specialization

The tendency of agencies for each to focus on a limited aspect of a client's life has also made it difficult to identify elder abuse. Professionals told us that they often knew a client for some time and in a variety of circumstances before abuse was suspected. However, the existence of a large number of professional specialties decreases the likelihood that any single agency worker

will have the depth of knowledge necessary to identify an abusive situation. The respondents reporting the largest number of elder abuse cases tended to be multi-function agencies, such as family service agencies, or agencies which had sufficiently close ties with other agencies to receive referrals.

In contrast, specialized agencies or professions tend to notice only those forms of abuse which reflect their professional interest. Nurses and physicians, for example, are more likely to identify physical abuse because they are basically concerned with the physical well being of their patients. Thus, physical symptoms such as bruises in strange places (the cheek or periorbital regions) might alert them to the possibility of abuse as the causative factor of the victim's problem. Social workers, in contrast, would be more likely to notice financial abuse as they deal with problems concerned with financial resources and needs.

A further observation which was made concerning agency identification was that agencies tend to see a very small number of cases of abuse among the elderly. Thus, it is an unexpected explanation for clients' problems. Due to limited exposure to this type of client, it is probable that professionals are not used to identifying this type of problem. This, in turn, probably increases the likelihood that they overlook a number of situations in which abuse of a client is involved.

Since specialization among professionals and agencies appears to limit the capabilities of professionals in identifying clients who are victims of abuse, it would be helpful if professionals became more aware of the cues used by other professionals involved in other disciplines. Even a simple awareness of the fact that different types of agencies tend to observe abuse which is characteristic of the types of problems which they service would help professionals to become more aware of the forms that abuse may take.

Fear of Legal Action Against Agencies or Professionals

While professionals might be trained to observe for and treat symptoms in their respective areas, this may not enhance their ability to deal with a suspected case of abuse. Thus a professional noted that physicians will often overlook the possibility of abuse in a suspected victim because they feel that it is a private area. If the victim feels a need for assistance in dealing with the problem, he will request it. If assistance is not requested, physicians often feel that they are interferring with their client's right to privacy.

Professionals further mentioned that in many instances, they are not properly trained to accurately diagnose a suspected case of abuse. It was mentioned by one professional that within the medical profession, pathologists remain as the only real experts in terms of diagnosing the existence of physical abuse. Unfortunately, the exposure that the pathologist has to the victim follows the victim's death at the time of the autopsy.

Perhaps more professionals would be willing to suspect abuse in individuals presenting suspicious symptoms if it were not for the fact that the United States is a legally oriented society. Professionals fear the legal action which might be directed against them should they falsely conclude that the client's problems were caused by abuse. Thus it is often much safer for professionals to treat the client's presenting symptomology rather than delve into a situation which may have negative legal consequences for them.

Summary

As this analysis has shown, the problem of abuse is often overlooked as a source of an elderly person's difficulties. While victim reports of abuse or professional recognition of the problem do occur, impressions from those who work with this age group tend to support the notion that abuse of the elderly

is a much more pervasive problem than available data would lead us to believe. Thus, data obtained from agencies surveyed in the Detroit Metropolitan Area showed that most agencies (16) reported having only one to two active cases of abuse; only four of the twenty-five agencies reporting abuse saw four or more clients with this problem.

This analysis has shown that much abuse is hidden for a variety of reasons. These include the victims' fear to report abuse, especially if they are dependent on the abuser; it was also found that some victims fail to recognize their own abuse. Further, agencies which are specialized in terms of the services which they provide will often only notice those forms of abuse which are characteristic of the types of problems with which they work most closely. Agencies which provide a variety of services are more likely to identify persons who are victims of elder abuse. Finally, it was shown that professionals often lack the training necessary to identify cases. Thus, they are reluctant to examine the possibility of the presence of abuse due to the possibility of false diagnosis.

TABLE

ELDER ABUSE REPORTS BY SOCIAL AGENCIES IN THE DETROIT, MI, METROPOLITAN AREA

Number of Agencies Questioned	302
Number of Agencies Responding	100 (33% response rate)
Number of Agencies Reporting Elder Abuse	25 (25% of those reporting)

Number of Cases Reported for February, 1981

Number Reported	Number of Agencies	Percent of Agencies Responding
1 or 2	16	64%
3 or 4	5	20
4 or more	4	16
		100%

Total Number of Elder Abuse Cases seen by Social Agencies in the Detroit Metropolitan Area in February, 1981:	258
Projected Annual Frequency of Elder Abuse Cases seen over a Twelve Month period*:	1032

Means by which Agencies Identified Elder Abuse:

Means of Identifying	Number of Agencies Reporting	Percent**
Report from client	17	68%
Report from another agency	8	32
Cuts, Bruises	7	28
Report from Police	2	8
Other means	6	24

Other Characteristics of Elder Abuse Reported:

Sex of Victim's (for agencies reporting sex)

Male	103	(40%)
Female	155	(60%)
Number of Cases Needing Shelter:	6	
Number of Agencies Keeping Statistics on Elder Abuse:	8	

* The Projected Annual Frequencey was obtained by multiplying the one-mone frequency by 4. This figure was used on the assumption that most cases are seen for an average period of approximately 3 months. Thus an agency is likely to experience a turnover of cases about 4 times each year.

**Percentages will not sum to 100% because of the possibility of multiple responses.

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APPENDIX H

BRIEF DESCRIPTIONS OF CASES REPORTED

Appendix H

Brief Descriptions of Cases

Case #	Descriptions
100	68 yr. old white female (married) who suffered a fractured left humerus and multiple contusions of the right arm, back, and knees after being thrown down the stairs by her husband.
101	n/c*
102	n/c
103	86 yr old black widow who was threatened and verbally assaulted by her daughter. Daughter also misused victim's money and property.
104	60 yr. old white female whose 20 yr. old son physically and psychologically abuses her. He has also stolen money and property from her. (The son had been abused physically by his stepfather. He went to live with his father and was severely neglected by him.)
105	62 yr. old white female who was psychologically abused by her sister and brother-in-law. (Victim was ignored, suffered fear of the unknown, was not informed of decisions made affecting her, was sworn at.)
106	79 yr. old white female stroke victim (retired teacher) who was neglected and psychologically abused by her 32 year old son. Specifically, son refused to take her to M.D. appointments, assaulted her verbally. It was noted that the victim was neglected in the areas of personal and medical care, proper nutrition and supervision.
107	80 yr. old white female who was threatened verbally and with a gun by her boarder when he refused to pay her rent.
108	65 yr. old white female who was verbally assaulted by her 14 yr. old, emotionally disturbed grandson (grandson has violent tendencies).

* n/c = not completed

Case #	Descriptions
109	72 year old white female widow with cardiac problems who was psychologically abused by her 36 yr. old alcoholic daughter. Daughter also misused mother's property. Victim had custody of her daughter's three children due to daughter's alcoholism.
110	82 yr. old black female who was psychologically abused (verbal assault, threats, fear) and financially abused by her daughter.
111	80 yr. old black female who sustained financial abuse and was ignored by her 2 sisters and brother following the division of her parents' estate.
112	85 yr. old black female whose grandson periodically broke into her house; he also misused money which she had given to him to pay her utilities.
113	76 yr. old white female who was psychologically threatened by her son and daughter (threatened to take her money; isolated, etc.)
114	n/c
115	n/c
116	n/c
117	84 year old black female who was verbally assaulted and had food and other property stolen from her by her 60 year old nephew.
118	84 year old white, Jewish female who was threatened and verbally assaulted by son; he also abused her physically "every few months".
119	n/c
120	n/c
121	89 year old white female whose husband was placed in a nursing home against her will by other family members.
122	88 year old white male who was physically abused (was often bruised, etc.), physically neglected (suffered from a lack of personal care, lack of food, lack of medical care) and was verbally assaulted by his wife over a period of years.

Case #	Descriptions
123	76 year old white female who has been neglected by two of her children (her son might call her once a year; her daughter rarely visits). In addition, all 3 of her children (she has another son) have misused her money.
124	70 year old white female who has been verbally threatened and physically abused by her 38 year old schizophrenic son "for many years". He often resides at her home. When he is violent, victim hides from him in order to protect herself.
125	76 year old black female whose family attempted to force her to move to California with them.
126	66 year old black female whose family neglected her; they never visited or called her.
127	n/c
128	71 year old black male whose nephew refused to give him the title to a car which he had inherited.
129	78 year old black male who was verbally threatened and assaulted by his grandsons who resided with him; he also had his money and property misused, by young female friends in return for sexual favors.
130	59 year old black male whose wife and children stole his money and abandoned him (daughter was financial guardian and would not give him his checks).
131	64 year old alcoholic white male whose wife was clinically diagnosed as a schizophrenic; she threatened and abused him physically and psychologically. It was also apparent that the respondent and his wife also had an abusive relationship with their daughter.
132	71 year old white female whose alcoholic husband chases her and threatens her sexually.
133	40 year old white male who psychologically and physically abused his parents (he had gone to a mental health clinic requesting help for his problems).
134	n/c
135	79 year old black female whose son stole her money on 3 occasions; he verbally assaulted her and prevented her from obtaining food.

Case #	Descriptions
136	71 year old white male nursing home resident whose son forbade him to marry a resident with whom he was in love; agency worker stated that son had taken most of his father's money and feared that he would lose the rest of it if his father was to remarry (wife would have a right to some of the money). Son had previously stolen $80,000 from his father.
137	80 year old black female whose friend stole her house, money and physically abused her.
138	83 year old white female who was attempting to evict boarder because boarder was guilty of threatening her verbally, and stealing her money.
139	85 year old black male who was physically abused by his two nieces and one niece's boyfriend. This eventually led to his death (he had been pushed down a flight of stairs). In addition he was paying his niece rent for living in his own home.
140	61 year old black female whose sister-in-law had stolen her money. Sister-in-law was victim's guardian and she owed over $2,000 to the nursing home in which victim resided.
141	72 year old deaf mute white female who had been verbally assaulted and threatened by her 63 year old deaf mute brother for over 20 years. In addition, brother stole her legal papers.
142	77 year old white female who was physically and psychologically abused, had money stolen from her and was hospitalized because of 50 year old son's abusive behavior.
143	66 year old white female whose son (ca.20) broke into her house and stole property and money to support his drug habit. In addition, he physically abused his mother.
144	89 year old white female whose son neglects her because of her past refusal to be assisted with activiites of daily living.
145	83 year old black female who was very confused and debilitated. Despite this, she was neglected by her family.
146	87 year old black female who was bruised as the result of the physical abuse of her sister and brother-in-law.

Case #	Descriptions
147	73 year old white female who was neglected by family. She had a drinking problem and was extremely isolated.
148	79 year old white female who was neglected by family. She lives alone, even though she is extremely disoriented. In addition, she exhibits symptoms of malnutrition. She receives Meals on Wheels but saves them or gives them to her dog.
149	White female who is confined to a wheelchair. Husband refuses to allow anyone to help him although it is apparent that his wife is in need of physical assistance. He expects his daughter who lives far from them to clean their house.
150	66 year old black female whose son and girlfriend psychologically abuse her, and have sex in front of her. The service provider felt that the victim might have provoked the problem. (She's trying to save son religiously.)
151	81 year old blind black female whose housekeeper has psychologically abused her and neglected her for the past 4 years and steals her money.
152	61 year old white female whose 23 year old son beats her physically and psychologically abuses her; in addition he steals her money. Father was a schizophrenic and physically abused victim also. Son wants to marry but his mother does not want him to.
153	67 year old white female whose daughter put all of her late father's money and market certificates in her name rather than in her mother's, against her mother's will.
154	73 year old white female whose son and daughter took victim's spouse out of a nursing home and have refused to tell victim where her husband is. They claim that she abused her husband physically and emotionally.
155	72 yr. old white female whose 40 year old son borrowed $10,000 from her in 1976 and won't pay it back.
156	77 yr. old white male whose 37 year old son refused to pay him rent and verbally assaulted and threatened him when his father asked him to do so.

Case #	Descriptions
157	60 yr. old white deaf mute female whose 45 yr. old daughter borrowed and stole money and refused to pay it back.
158	91 year old black female whose 25 yr. old great granddaughter took two of her bank books and stole all of the money in her bank accounts.
159	71 yr. old black male whose 40 yr. old daughter poured boiling water on him (she was his legal guardian at the time of the incident). She had previously lost custody of her own children because she abused them.
160	75 yr. old white male whose 40 yr. old son remortgages his home and gets victim to pay off the mortgages. Victim thinks that the home is his but it really belongs to son (son knows that it is not his father's home).
161	74 yr. old white female whose daughter and 2 grandsons steal and misuse her money and property and threaten her verbally. Victim is described as a martyr by service provider because she continues to wait on them even though she is aware of the abuse directed toward her.
162	88 year old white male whose 50 yr. old stepdaughter refuses to let him move back to Pennsylvania (he lived there until 4 years ago).
163	68 year old white female whose ex-husband refuses to sell the house that they owned together when married and split the money. Wife is entitled to half of the house.
164	70 year old black male whose 40 year old wife lives with her boyfriend in victim's house (victim lives there too). His wife has stolen victim's money and property.
165	60 year old black male whose 40 year old daughter kept 18 months worth of her father's social security income.
166	92 year old white male whose 55 year old landlord stole all of his furniture, art works and antiques while victim was hospitalized.
167	83 year old white female whose guardian/friend took all of her furniture, her jewelry, money and her home.

Case #	Descriptions
168	77 yr. old black female whose 50 yr. old daughter wants to take her father out of mother's home and wants all of his income. Neither of her parents approve of this.
169	64 year old black female whose 20 year old grandson took her car, without permission and totaled it. He wasn't insured, but victim was sued by another driver who was injured.
170	64 year old white female whose 60 year old male friend took over $4,000 from her and won't return it.
171	81 year old black female whose daughter and son-in-law (in 50's) won't move out of victim's home and won't pay rent. In addition, son-in-law is psychologically abusive toward his mother-in-law.
172	80 year old white female whose daughter and grandson were attempting to gain ownership of victim's home against her will. Her grandson was successful in gaining the property.
173	75 year old black female whose niece (c. 20) borrowed $1,000 from her and wouldn't pay it back.
174	59 year old black male whose 62 year old sister neglected him (he had no money, no shelter, no food, no clothing, etc.)
175	96 year old white female whose son (60-70 year old) neglected his mother. He doesn't check on her condition very often and he is aware of the fact that his mother falls frequently, is often dizzy and very disoriented at times.
176	70-80 year old black male whose 40 year old son pushed him down the stairs. The victim died from this fall.
177	60 year old female whose son dragged her around on the floor in an attempt to force her to sign her social security check over to him. Victim suffered friction burns from this, necessitating hospitalization.
178	60 year old female whose son was suspected of lacerating her vagina over at least a one year period.
179	60 year old white male whose wife placed him in a nursing home because she was afraid that he'd hurt her physically.

Case #	Descriptions
180	81 year old white female whose 79 year old husband was an alcoholic and neglected her. Victim had had a stroke 2 years ago and was partially paralyzed. She was also aphasic and malnourished.
181	79 year old black male whose 25-30 year old housekeeper neglected him and stole his money.
182	78 year old black female whose housekeeper held her head back in order to force her to eat; housekeeper also pushed patient on the floor and then forced her to walk.
183	75 year old white female whose 69 year old husband physically and verbally abuses her. He disappears for extended periods of time without warning and returns without warning.
184	60 year old white female whose 42 year old son who was an alcoholic refused to pay rent. He also verbally assaulted her.
185	61 year old black female whose 27 year old daughter verbally assaulted her.

APPENDIX J

CONSENT FORMS

Institute of Gerontology

WAYNE STATE UNIVERSITY • THE UNIVERSITY OF MICHIGAN

Charles J. Parrish • Harold R. Johnson
Co-Directors

Wayne State University
205 Library Court
Detroit, Michigan 48202
(313) 577-2297

SUBJECT: Forms for Consent to be Interviewed

TO: Agency Workers interviewing for the Study of Family Problems of the Elderly

FROM: Mary C. Sengstock, Ph.D., Principal Investigator

The Wayne State University Office of Research requires that we obtain signed consent to be interviewed from persons we wish to interview. We also recognize your agency's desire to keep the names of your clients confidential.

In order to satisfy both requirements, we request that you have the attached consent form signed by the respondents and placed in your files. The other form, signifying that you have the signed consent form, should be forwarded to us.

DATE_____

Dear Drs. Sengstock and Liang:

I would like to participate in your research project on "Family Problems and Relationships."

My name is _____

My address is _____

My telephone number is _____

_____

Signature

Wayne State University

Memorandum

Subject:

From: _____(name of Agency) Ext.

To: Dr. Mary Cay Sengstock, Institute of Gerontology

Date: April 27, 1981

Attached is an interview for your study of Family Problems of the Elderly.

The respondent was willing to be interviewed and was not forced to participate.

A signed copy of the Respondent's consent form is in our files.

_____
Name of Interviewer

_____
Soc. Sec. #